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# **Area Agencies on Aging Reporting Manual State Fiscal Year 2017**

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# Chapter One: General Reporting Instructions

## REPORTING REQUIREMENTS

The Iowa Department on Aging requires that all Area Agencies on Aging (AAA) provide program and fiscal performance information for services funded through the Older Americans Act and related legislation to the Department. Effective February 13, 2017, the service reporting software system to be utilized by the AAAs is SAMS. The financial reporting software system will remain the Iowa Aging Financial Reporting System (IAFRS) component of the Iowa Aging Information System (IAIS) located at <https://ida-infosys.iowa.gov>. Funding sources include but may not be limited to Title IIIB Supportive Services and Senior Centers Resources; Title IIIC Nutrition Services Resources including Title IIIC(1) Congregate Nutrition Services and Title IIIC(2) Home Delivered Nutrition Services; Title IIID Disease Preventive Health Promotion; and Title IIIE Caregiver Support Program Resources.

The Department also requires the AAAs to provide performance data to the Department for:

- Case Management Program for Frail Elders (CMPFE).
- Legal Assistance.
- Elder Abuse Prevention and Awareness Program.
- Service Planning and Consumer Data Collection Performance Report.

Data collection and reporting must adhere to federal and state statutes and regulations and other guidance provided by the Department (e.g. service categories and definitions, etc.).

## OFFICIAL REPORTS AND DUE DATES

Official reports must be received by the Department on or prior to the due date per submission instructions as detailed in chapter identified below. Due dates occurring on a weekend or State holiday are due the next business day.

Quarterly Reports	Refer to ...	Due Date	Submission Method
Iowa Aging Program Reports	Chapter 3	22 <sup>nd</sup> October (Q1), January (Q2), April (Q3), and July (Q4)	IDA staff generates report from IAPRS & SAMS
Area Plan Cumulative Financial Status Report (IAFRS)	Chapter 4	22 <sup>nd</sup> October (Q1), January (Q2), April (Q3), and July (Q4)	<b>Mail</b> to Jane Erickson at IDA
Case Management Program for Frail Elders (CMPFE)	Chapter 5	22 <sup>nd</sup> October (Q1), January (Q2), April (Q3), and July (Q4)	IDA staff generates report from Seamless
Elder Abuse Prevention and Awareness Quarterly Report	Chapter 5	22 <sup>nd</sup> October (Q1), January (Q2), April (Q3), and July (Q4)	IDA staff generates report from IAPRS & SAMS
Title IIIB Legal Assistance Quarterly Report *Outcome narrative report – semi-annually	Chapter 5	22 <sup>nd</sup> October (Q1), January (Q2)*, April (Q3), and July (Q4)*	<b>e-mail</b> to Jane Erickson at Jane.Erickson@iowa.gov
Service Planning and	Chapter 6	22 <sup>nd</sup>	IDA staff generates

Quarterly Reports	Refer to ...	Due Date	Submission Method
Consumer Data Collection Performance Report		October (Q1), January (Q2), April (Q3), and July (Q4)	report from IAPRS & SAMS

Annual Reports	Refer to ...	Due Date	Submission Method
Provider and Staffing Report	Chapter 3	Dec 31	<b>e-mail</b> to Jane Erickson at Jane.Erickson@iowa.gov
Updated Area Plan Budget Report	Chapter 4	Feb 22	<b>Mail</b> Budget Cover Sheet to Jane Erickson at IDA
Reallocation of State & Federal Funds	Chapter 4	Apr 22	<b>Mail</b> to Jane Erickson at IDA
Elder Abuse Prevention and Awareness Quarterly Report	Chapter 5	July 22	<b>e-mail</b> to Jane Erickson at Jane.Erickson@iowa.gov
Title IIIB Legal Assistance Annual Report	Chapter 5	July 22	<b>e-mail</b> to Jane Erickson at Jane.Erickson@iowa.gov
Final Area Plan Cumulative Financial Status Report (IAFRS)	Chapter 4	Aug 15	<b>Mail</b> to Jane Erickson at IDA

**Late Reports.** An official report received by the Department after the due date will be considered late. Late reports may result in the delay or non-processing of claims by the Department. Should the AAA anticipate the late submission of a report, the agency is required to contact the program coordinator to request an extension of the due date.

Due dates for reports associated with awards or contractual agreements not contained in the AAA's approved Area Plan on Aging will be processed in accordance with the terms of the specific award or contractual agreement. Examples include but are not limited to reports associated with community grants, foundation grants, Administration for Community Living discretionary grants, and Medicare Improvements for Patients and Providers Act (MIPPA) funding.

## Chapter Two: Service Listing and Definitions

### GENERAL AGING - SUPPORTIVE AND NUTRITION SERVICES

#### Mandatory Service(s)

Case Management	Information and Assistance
Congregate Meals	Legal Assistance
Health Promotion and Disease Prevention	Nutrition Counseling
Home Delivered Meals	Nutrition Education
	Options Counseling

#### Other Service(s)

Adult Day Care / Adult Day Health	Homemaker
Assisted Transportation	Material Aid
Chore	Outreach
Evidence-Based Health Activities	Personal Care
EAPA Consultation	Self-Directed Care
EAPA Assessment & Intervention	Training & Education
EAPA Training & Education	Transportation

**Note:** The service of Home Delivered Meals is a mandatory service under the General Aging budget resource utilization section but is not a mandatory service under the Caregiver budget resource utilization section.

### CAREGIVER SERVICES

#### Family Caregiver Service(s)

Access Assistance	Options Counseling
Counseling	Respite Care
Home Delivered Meal	Self-Directed Care
Information Services	Supplemental Services

#### Grandparent and Other Elderly Caregivers of Children Service(s)

Access Assistance	Options Counseling
Counseling	Respite Care
Home Delivered Meal	Self-Directed Care
Information Services	Supplemental services

## **EXPENDITURE REQUIREMENTS**

### **Title IIIE Grandparent and Other Elderly Caregivers of Children**

AAAs cannot exceed **10%** of Title IIIE program expenditures (i.e. all expenditures less administration) for Grandparent and Other Elderly Caregivers of Children services.

### **Title IIIB Priority Services**

Title IIIB Priority services are located within the service categories of Access, In-Home and Legal. The minimum percentage (%) of Title IIIB funding required to be expended within each service category is listed below.

#### **Access (10%)**

Assessment/Intervention	Information and Assistance
Assisted Transportation	Outreach
Case Management	Transportation

#### **In-Home (5%)**

Adult Day Care/Adult Day Health	Personal Care
Chore	Reassurance/Visiting
Homemaker	Respite

#### **Legal (3%)**

Legal Assistance

### **State General Funds to Serve Iowans with Disabilities Aged 18 Years and Older**

According to SF 505, state general funds may be used to provide two service lines in relation to the function of an Aging and Disability Resource Center:

1. To serve as Iowa's Aging and Disability Resource Center for citizens of Iowa who are 60 years of age and older; and
2. To provide information and options counseling for persons with disabilities who are 18 years of age and older.

Therefore, agencies may use state general funds to provide Information, Referral, and Assistance and Options Counseling to individuals under the age of 60 who have a disability.

Currently, Iowa Administrative Code does not restrict agencies from prioritizing or targeting services to those individuals under the age of 60 who have a disability and determined to be most in need. Further, code does not prohibit means testing, cost sharing, fee for service, or wait lists for this population.

## SERVICE TAXONOMY

**Unduplicated Client Count.** When reporting consumer counts for services in the taxonomy, AAAs must provide an unduplicated consumer count. This requirement applies to all registered and non-registered services, except for Training & Education, EAPA Training & Education, and Caregiver Information Services.

**Determining Units for Hour Measures.** To determine the number of units to report for services with a 1 hour unit measure, calculate the total time in minutes spent with a consumer during the reporting period and divide by 60 minutes. Use standard rounding rules on the result to determine the number of hours (units) to report.

### REGISTERED SERVICES

#### General Aging

AAA staff must ensure clients complete the *Iowa Department on Aging – Aging & Disability Network Consumer Intake Form* for these services:

Adult Day Care / Adult Day Health	Material Aid
Assisted Transportation	Nutrition Counseling
Case Management	Nutrition Education
Chore	Options Counseling
Congregate Meals	Personal Care
Evidence-Based Health Activities	Self-Directed Care
Health Promotion and Disease Prevention	Transportation
Home Delivered Meals	EAPA Consultation
Homemaker	EAPA Assessment & Intervention
Information and Assistance	

**Note:** For Information and Assistance, AAAs are only required to collect consumer demographic information on the *Aging & Disability Network Intake Form*.

#### Family Caregiver/Grandparent-Older Relative

AAA staff must ensure clients complete the *Iowa Department on Aging - Family Caregiver and/or Grandparents and Other Elderly Caregivers Serving Children Consumer Intake Form* for these services:

Access Assistance	Options Counseling	Supplemental Service
Counseling	Respite Care	
Home Delivered Meal	Self-Directed Care	



## GENERAL AGING - SERVICE DEFINITIONS

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
<b>Adult Day Care / Adult Day Health</b>	1 hour	Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, meals for adult day care, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.	Title IIIB, Elderly Services	No	Yes	Yes
<b>Assisted Transportation</b>	1 one-way trip	Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	Title IIIB, Elderly Services	No	Yes	Yes
<b>Case Management</b>	1 hour	<p>Also referred to as direct case management services. Assistance either in the form of access to or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.</p> <p><b>Reporting Example:</b>  <u>Scenario:</u> A Case Manager works with three consumers in one month. Calculate the consumers and time for reporting purposes as follows:  Ms. Greene: 1 hour, 30 minutes=90 minutes; 90/60=1.5 hours; round up to report <b>2</b> hours (units).  Mr. Flax: 45 minutes; 45/60=0.75 hours; round up to report <b>1</b> hour (unit).  Ms. Hernandez: 1 hour, 8 minutes; 68/60=1.13 hours; round down to report <b>1</b> hour (unit).    Total reported for month: 3 consumers 4 total units</p>	Title IIIB, Elderly Services	Yes	Yes	Yes
<b>Chore</b>	1 hour	Providing assistance to persons having difficulty with but not limited to one or more of the following instrumental activities of daily living: doing heavy housework, yard work, or sidewalk maintenance and home repair.	Title IIIB, Elderly Services	No	Yes	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
<b>Congregate Meals</b>	1 meal	A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older American Act and State/Local laws. Meals provided to individuals through means tested programs such as Medicaid Title XIX Waiver Meals or other programs such as state-funded means tested programs are excluded from NSIP Meals. <b>NOTE:</b> A meal shall: (a) comply with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provide, if one meal is served, a minimum of 33 and 1/3 percent of the current Dietary Reference Intake (DRI) as established by the Food and Nutrition Board of the National Institute of Medicine of the National Academy Sciences; (c) provide, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provide, if three meals are served, together, 100 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, <i>the</i> second and third meals shall be balanced and proportional in calories and nutrients.	Title IIIC, Elderly Services, NSIP	Yes	No	Yes
<b>EAPA Consultation</b>	1 hour	<p>A service provided by an Elder Rights Specialist to an EAPA program consumer through one-on-one discussion that results in (a) an understanding of the EAPA consumer's problems and capacities; (b) linking the EAPA consumer to the available resources and services within his or her community; and (c) to the maximum extent practicable, follow-up to ensure that the EAPA consumer received the services he or she needs and is aware of the resources available. Discussion may be conducted over the telephone or in-person.</p> <p><b>Reporting Example</b>  <u>Scenario:</u> In one month, the Elder Rights Specialist provides EAPA consultation services to three consumers. Calculate the units for reporting purposes as follows:  Ms. Greenberg: 35 minutes (round up to 1 hr)  Mr. Smyth: 1 hour, 15 minutes=75 minutes (round down to 1 hr)  Mrs. Russo: 60 minutes (1 hr)  Total: 2.8 hours; report <b>3</b> hours (units)</p>	Elder Abuse Prevention and Awareness Program Funds	No	No	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
		<p>In the second month, the Elder Rights Specialist provides EAPA consultation services to one consumer from the previous month and to one new consumer. Calculate the units for reporting purposes as follows:</p> <p>Mrs. Russo: 1 hour, 20 minutes=80 minutes (round down to 1 hr)</p> <p>Mr. Jackson: 60 minutes (1 hr)</p> <p>Total: 2.3 hours; report <b>2</b> units</p> <p>Total reported: 4 total consumers 5 total units</p>				
<b>EAPA Assessment &amp; Intervention</b>	1 hour	<p>A service provided by an Elder Rights Specialist to an EAPA program consumer that entails (a) one-on-one discussions and the administration of standardized assessment tools and other procedures to identify the EAPA consumer's existing impairments, situations, and problems and to determine appropriate services and resources to redress the consumer's current or potential abuse situation; (b) advocacy, counseling, case documentation, and an intervention plan that defines services and assistance to address identified needs, timelines, and providers; (c) inter-agency case coordination and service provision; (d) ongoing follow-up and reassessment; (e) evaluation of outcomes of services; and (f) case closure planning, including placement assistance if necessary.</p> <p><b>Reporting Example</b>  <u>Scenario:</u> In one month, the Elder Rights Specialist provides EAPA assessment and intervention services to two consumers. Calculate the units for reporting purposes as follows:</p> <p>Ms. Ali: 1 hour, 25 minutes=85 minutes; 85/60=1.4 hours; round down to report <b>1</b> hour (unit).</p> <p>Mr. Jones: 1 hour, 15 minutes=75 minutes; 75/60=1.25 hours; round down to report <b>1</b> hour (unit).</p> <p>In the second month, the Elder Rights Specialist provides EAPA assessment and intervention services to one consumer from the previous month and to one new consumer. Calculate the units for reporting purposes as follows:</p> <p>Mr. Jones: 1 hour, 30 minutes=90 minutes; 90/60=1.5 hours; round up to report <b>2</b> hours (units).</p> <p>Ms. Blu: 1 hour=60 minutes; report <b>1</b> hour (unit).</p> <p>Total reported: 3 total consumers 5 total units</p>	Elder Abuse Prevention and Awareness Program Funds	No	No	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
<b>EAPA Training &amp; Education</b>	1 Activity	<p>Activities meant to impart knowledge, experience, or skills to an individual or group about elder abuse, neglect and/or exploitation. Topics may include. Activities may include forums, outreach events, articles (electronic or print), newsletters, webinars, group training, speaking engagements, or media outreach.</p> <p><b>Reporting Example</b>  <u>Scenario:</u> In one month, the Elder Rights specialist completed one speaking engagement elder abuse with 25 attendees and issued one newsletter article to 10,000 newsletter recipients. The next month, the specialist completed one speaking engagement elder abuse with 15 attendees, participated in one health fair at which she spoke with 10 individuals, and one newsletter article to the same 10,000 newsletter recipients as the previous month.</p> <p>Month 1: 10,025 consumers 2 units (1 speaking engagement+1 article)  Month 2: 25 consumers 3 units (1 speaking engagement+1 event+1 article)  Total Reported: 10,050 total consumers 5 total units</p>	Elder Abuse Prevention and Awareness Program Funds	No	No	No
<b>Evidence-Based Health Activities</b>	1 consumer per program	<p><b>A consumer is a person who meets the completion standard for a program.</b>  Activities demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and activities ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.</p> <p>The Administration on Aging (AoA) defines criteria programs must meet in order to be considered an Evidence-Based Health Activity and funded through Title IIID. The criteria is located on this AoA web page:  <a href="http://www.aoa.gov/AoA_Programs/HPW/Title_IIID/index.aspx">http://www.aoa.gov/AoA_Programs/HPW/Title_IIID/index.aspx</a></p> <p><b>Reporting Example:</b>  <u>Scenario 1:</u> 20 consumers start participating in a Matter of Balance course. All 20 consumers meet the completion standard.  Report: 20 consumers 20 units  <u>Scenario 2:</u> 20 consumers start participating in a Matter of Balance course. Only 10 consumers meet the completion standard.  Report: 10 consumers 10 units</p>	Title IIIB, Title IIID, Elderly Services	No	No	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
<b>Health Promotion and Disease Prevention</b>	1 consumer contact	<p>Services which include health screenings and assessments (which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, oral health, bone density, and nutrition screening); organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older.</p> <p><b>Reporting Example:</b>  Scenario: AAA provides free health screenings at the mall on two Saturdays in May from 10:00 am – 12:00 pm. On the first Saturday, 20 consumers attend and complete an Intake Form. On the second Saturday, 10 consumers from the first week attend again and 5 new consumers attend and complete an Intake Form.</p> <p>Week 1: 20 consumers 20 units (a total of 20 consumer contacts)  Week 2: 5 consumers 15 units (a total of 15 consumer contacts: 10 returning consumers + 5 new consumers)</p> <p>Total Reported for the Month: 25 consumers 35 total units</p>	Title IIIB, Elderly Services	Yes	No	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
<b>Home Delivered Meals</b>	1 meal	<p>A meal provided to an eligible consumer or other eligible participant at the consumer's place of residence. A meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current Dietary Reference Intake (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</p> <p>Meals provided to individuals through means tested programs such as Medicaid Title XIX Waiver Meals or other programs such as state-funded means tested programs are excluded from NSIP Meals.</p>	Title IIIC, Elderly Services, NSIP	Yes	No	Yes
<b>Homemaker</b>	1 hour	Providing assistance to persons having difficulty with but not limited to one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.	Title IIIB, Elderly Services	No	Yes	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
Information and Assistance	1 consumer contact	<p>A service for older individuals or a person age 18 or older with a disability that (a) provides the individual with current information on opportunities and services available to the individual within his or her community, including information relating to assistive technology; (b) assesses the problems and capacities of the individual; (c) links the individual to the opportunities and services that are available; (d) to the maximum extent practicable, ensures that the individual receives the services needed by the individual, and are aware of the opportunities available to the individual, by establishing adequate follow-up procedures.</p> <p><b>NOTE:</b> Information &amp; Assistance is an individual, one-on-one contact between a service provider. An activity that involves a contact with several consumers or potential consumers (group services) should not be counted as a unit of I&amp;A instead it should be considered Training &amp; Education. Per ACL guidance (4-5-16): ... <i>it is possible that the I&amp;A provider might not know the exact age of callers / email users of I&amp;A services. It is reasonable that the OAA-funded I &amp; A provider would still serve these individuals [under age 60] &amp; accordingly report such number of individuals served/units of service even though this is not the identified audience for OAA-funded I &amp; A.</i></p> <p><b>Reporting Example:</b>  <u>Scenario:</u> The first week of the month, the AAA provides information and assistance to 115 consumers and completes an Intake Form for each. In the second week, the AAA provides information and assistance to 25 returning consumers and 110 new consumers. AAA completes an Intake Form for the 110 new consumers.</p> <p>Week 1: 115 consumers 115 units (a total of 115 consumer contacts)</p> <p>Week 2: 110 consumers 135 units (a total of 135 consumer contacts: 25 returning consumers + 110 new consumers)</p> <p>Total Reported for the Month: 225 consumers 250 total units</p>	Title IIIB, Elderly Services	Yes	Yes	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
<b>Legal Assistance</b>	1 hour	<p>Provision of legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.</p> <p><b>Reporting Example:</b>  <u>Scenario:</u> Agency contractor provided 3,600 minutes (3600/60=60 hours) of Legal Assistance to 100 unduplicated consumers in one quarter.  Total reported for the quarter: 100 consumers 60 total units</p>	Title IIIB, Elderly Services	Yes	Yes	No
<b>Material Aid</b>	1 consumer contact	Aid in the form of goods or services such as food, smoke detectors, eyeglasses, Emergency Response Systems, security devices, etc.	Title IIIB, Elderly Services	No	No	Yes
<b>Nutrition Counseling</b>	1 session per consumer	<p>Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a licensed registered dietitian in accordance with state law and policy.</p> <p><b>Reporting Example:</b>  <u>Scenario:</u> In week 1, the AAA provides nutrition counseling to 20 consumers who each complete an Intake Form. In week 2, the AAA provides additional nutrition counseling to 10 of the 20 consumers from week 1 and 5 new consumers who complete an Intake Form.  Week 1: 20 consumers 20 units (a total of 20 consumer contacts)  Week 2: 5 consumers 15 units (a total of 15 consumer contacts: 10 returning consumers + 5 new consumers)  Total reported for month: 25 consumers 35 total units</p>	Title IIIB, Title IIIC, Elderly Services	Yes	No	Yes
<b>Nutrition Education</b>	1 session per consumer	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.	Title IIIB, Title IIIC, Elderly Services	Yes	No	Yes



Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
<b>Options Counseling</b>	1 hour	<p>Service of providing an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports, provided by an Options Counselor in accordance with current State law and policy. The process is directed by the individual and may include others that the individual chooses or those that are legally authorized to represent the individual. Options Counseling may include but is not limited to the following: (1) A personal interview and assessment to discover strengths, values, and preferences of the individual and screenings for entitlement program eligibility, (2) a facilitated decision-making process which explores resources and service options and supports the individual in weighing pros and cons, (3) developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options, and (4) follow-up to ensure supports and decisions are assisting the individual.</p> <p><b>Reporting Example</b>  <u>Scenario:</u> In one month, an Options Counselor provides options counseling to three consumers. Calculate the consumers and units for reporting purposes as follows:</p> <p>Ms. Ali: 1 hour, 25 minutes=85 minutes; <math>85/60=1.4</math> hours; round down to report <b>1</b> hour (unit).  Mr. Jones: 1 hour, 15 minutes=75 minutes; <math>75/60=1.25</math> hours; round down to report <b>1</b> hour (unit).  Ms. Blu: 1 hour, 30 minutes=90 minutes; <math>90/60=1.5</math> hours; round up to report <b>2</b> hours (units).</p> <p>Total reported for month: 3 consumers 4 total units</p>	<p>Title IIIB, Elderly Services</p> <p>*Title IIIB funding for this service may only be used for older individuals.</p>	Yes	No	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
Outreach	1 consumer contact	<p>One on one interventions initiated by an agency or organization for the purpose of identifying potential consumers and encouraging their use of existing services and benefits.</p> <p><b>Reporting Example</b>  <u>Scenario:</u> The first week of the month, the AAA provides outreach to 15 consumers. In week 2, the AAA provides additional outreach to the same 15 consumers from week 1 and to 10 new consumers.  Week 1: 15 consumers 15 units (a total of 15 consumer contacts)  Week 2: 10 consumers 25 units (a total of 25 consumer contacts: 15 returning consumers + 10 new consumers)  Total reported for month: 25 consumers 40 total units</p>	Title IIIB, Elderly Services	No	Yes	No
Personal Care	1 hour	Providing personal assistance, stand-by assistance, supervision or cues for persons having difficulties with but not limited to one more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed/chair, and walking.	Title IIIB, Elderly Services	No	Yes	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
Self-Directed Care	1 consumer contact	An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options; (C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designed by the area agency on aging involved); (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative – (i) a plan of services for such individual that specifies which services such individual will be responsible for directing; (ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. From <i>Section 102(46) of the Older Americans Act of 1965, as amended</i> .	Title IIIB, Elderly Services	No	No	Yes

Service	Unit Measure	Definition	Available Funding Source	Mandatory Service?	Priority Service?	Registered Service?
<b>Training &amp; Education</b>	1 Activity	<p>Activities meant to impart knowledge, experience, or skills to an individual or group. Topics may include:</p> <ul style="list-style-type: none"> <li>Information about and assistance in obtaining rights or benefits for individuals 60+.</li> <li>Aging policies, trends, programs, services, laws.</li> </ul> <p>Activities may include forums, outreach events, articles (electronic or print), newsletters, webinars, group training, speaking engagements, or media outreach.</p> <p><b>Reporting Example</b>  <u>Scenario:</u> AAA sends out a newsletter 4 times per year. The AAA estimates that the number of consumers aged 60+ that received the newsletter each mailing is 50,000. In that year, the same AAA holds one forum where 25 individuals aged 60+ attend and five speaking engagements where 75 individuals aged 60+ attend.  Consumers (50,100): 50,000 newsletter recipients, 25 forum attendees, &amp; 75 speaking engagement attendees.  Units (10): 4 newsletters, 1 forum, 5 speaking engagements.</p> <p>Total reported for the year: 50,100 consumers 10 total units</p>	Title IIIB, Elderly Services	No	No	No
<b>Transportation</b>	1 one-way trip	<p>Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity.</p> <p><u>Scenario:</u> In week 1, the AAA provides 40 one-way trips to 20 consumers who complete an Intake Form. In week 2, the AAA provides 20 one-way trips to 10 of the consumers from week 1 and 10 one-way trips to 5 new consumers who complete an Intake Form.  Week 1: 20 consumers 40 units (a total of 40 one-way trips)  Week 2: 5 consumers 30 units (a total of 30 one-way trips)  Total reported for month: 25 consumers 70 total units</p>	Title IIIB, Elderly Services	No	Yes	Yes

Refer to the Allowable Funding Expenditure Tables for SFY 2017 heading below for service budget codes and more details.

## FAMILY CAREGIVER & GRANDPARENT/OTHER ELDERLY CAREGIVERS OF CHILDREN SERVICES - SERVICE DEFINITIONS

Service	Unit Measure	Definition	Available Funding Source	Registered Service?
<b>Access Assistance</b>	1 consumer contact	<p>A service that assists caregivers in obtaining access to the services and resources available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.</p> <p><b>Note:</b> Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures.</p> <p><b>Reporting Example:</b>  <u>Scenario:</u> The first week of the month, the AAA provides access assistance to 100 caregivers and completes for each a Family Caregiver and/or Grandparents and Other Elderly Caregivers Consumer Intake Form. (Refer to "Family Caregiver" and "Grandparent or Other Older Relative Caregiver of a Child" definitions in the Reporting Manual for eligible individuals.)                      In the second week, the AAA provides access assistance to 25 returning caregivers and 105 new caregivers. AAA completes an Intake Form for the 105 new consumers.                          Week 1: 115 consumers 115 units (a total of 115 consumer contacts)                          Week 2: 105 consumers 130 units (a total of 130 consumer contacts: 25 returning consumers + 105 new consumers)                          Total Reported for the Month: 220 consumers 245 total units</p>	Title III E, Elderly Services	Yes
<b>Counseling</b>	1 session per consumer	<p>Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, caregiver support and support groups, and caregiver training (of individual caregivers and families).</p> <p><b>Reporting Example</b>  <u>Scenario:</u> In week 1, the AAA conducts one caregiver support group meeting for 10 current or potential caregivers who each complete an Intake Form. That same week, the AAA provides individual counseling to 5 caregivers who complete the caregiver Intake Form.                      In week 2, the AAA conducts one caregiver support group meeting for 5 returning</p>	Title III E, Elderly Services	Yes

Service	Unit Measure	Definition	Available Funding Source	Registered Service?
		<p>caregivers and 3 new caregivers who complete the caregiver Intake Form. In addition, the AAA provides individual counseling to 2 new caregivers who complete the caregiver Intake Form.</p> <p>Week 1: 15 consumers (10 new support group attendees + 5 new counseling recipients)</p> <p>15 units (unit=1 session per consumer: 10 support group attendees + 5 counseling recipients)</p> <p>Week 2: 5 consumers (3 new support group attendees + 2 new counseling recipients)</p> <p>10 units (unit=1 session per consumer: 5 returning + 3 new support group attendees + 2 new counseling recipients)</p> <p>Total reported for month: 20 consumers 25 total units</p>		
Home Delivered Meal	1 meal	<p>A meal provided to an eligible consumer or other eligible participant at the consumer's place of residence. A meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current Dietary Reference Intake (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily DRI, although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</p> <p>Meals provided to individuals through means tested programs such as Medicaid Title XIX Waiver Meals or other programs such as state-funded means tested programs are excluded from NSIP Meals.</p>	Title III E, Elderly Services	Yes

Service	Unit Measure	Definition	Available Funding Source	Registered Service?
<b>Information Services</b>	1 activity	<p>A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities.</p> <p><b>Note:</b> Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.</p> <p><b>Reporting Example</b>  <u>Scenario:</u> AAA sends out a newsletter 4 times per year. The AAA estimates that the number of caregivers that received the newsletter each mailing is 4,500.</p> <p>Total reported for the year: 4,500 consumers 4 total units</p>	Title III E, Elderly Services	No
<b>Options Counseling</b>	1 hour	<p>Service of providing an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports, provided by an Options Counselor in accordance with current State law and policy. The process is directed by the individual and may include others that the individual chooses or those that are legally authorized to represent the individual. Options Counseling may include but is not limited to the following: (1) A personal interview and assessment to discover strengths, values, and preferences of the individual and screenings for entitlement program eligibility, (2) a facilitated decision-making process which explores resources and service options and supports the individual in weighing pros and cons, (3) developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options, and (4) follow-up to ensure supports and decisions are assisting the individual.</p>	Title III E, Elderly Services	Yes
<b>Respite Care</b>	1 hour	<p>Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (a) In-home respite (personal care, homemaker, and other in-home respite); (b) respite provided by attendance of the care recipient at a senior center or other nonresidential program; (c) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.</p>	Title III E, Elderly Services	Yes

Service	Unit Measure	Definition	Available Funding Source	Registered Service?
<b>Self-Directed Care</b>	1 consumer contact	People Served, Title III Expenditures, Total Expenditures) An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options; (C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designed by the area agency on aging involved); (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative – (i) a plan of services for such individual that specifies which services such individual will be responsible for directing; (ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. <i>From Section 102(46) of the Older Americans Act of 1965, as amended.</i>	Title III E, Elderly Services	Yes
<b>Supplemental services</b>	1 consumer contact	Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. Home delivered meals provided as Supplemental Services shall be reported has Home Delivered Meals and meet the Home Delivered Meal definition.	Title III E, Elderly Services	Yes

Refer to the Allowable Funding Expenditure Tables for SFY2017 heading below for service budget codes and more details.



# Chapter Three: Program and Service Report Instructions

## REPORTING REQUIREMENTS

### Quarterly Reports

AAAs must provide the following consumer and service data for the previous quarter in a department approved format to the Department no later than the 22<sup>nd</sup> day of April, July, October, and January.

1. For consumers receiving a registered service(s):
  - a. Detailed Consumer Profile for each consumer receiving a registered service(s).
  - b. Name of each registered service(s) received and number of units associated with each registered service(s).
  - c. Program that funded the each registered service(s)
2. For consumers receiving a non-registered service(s):
  - a. Name of each non-registered service and number of total consumers and total units associated with each service.
  - b. Program that funded the each non-registered service(s)
3. For Family Caregiver consumers receiving a Family Caregiver registered service(s):
  - a. Family Caregiver Detailed Consumer Profile for each consumer receiving a registered service(s).
  - b. Name of each registered service(s) received and number of units associated with each registered service(s).
  - c. Program that funded the each registered service(s)
4. For Family Caregiver consumers receiving a Family Caregiver non-registered service(s):
  - a. Name of each non-registered service and number of total consumers and total units associated with each service.
  - b. Program that funded the each non-registered service(s).
5. For Grandparent and Other Elderly Caregivers of Children consumers receiving a Grandparent and Other Elderly Caregivers of Children registered service(s):
  - a. Grandparent and Other Elderly Caregivers of Children Detailed Consumer Profile for each consumer receiving a registered service(s).
  - b. Name of each registered service(s) received and number of units associated with each registered service(s).
  - c. Program that funded the each registered service(s).
6. For Grandparent and Other Elderly Caregivers of Children consumers receiving a Grandparent and Other Elderly Caregivers of Children non-registered service(s):
  - a. Name of each non-registered service and number of total consumers and total units associated with each service.
  - b. Program that funded the each non-registered service(s).

### Annual Reports

#### Provider & Staffing Information

AAAs must provide the following data to the Department no later than December 31st of each year for the previous federal fiscal year (October 1 through September 30) in a Department approved format:

1. Total Number of Service Providers excluding Area Agencies on Aging that provides direct services.

2. Total Number of Minority Providers excluding Area Agencies on Aging that provides direct services.
3. Total Number of Service Providers for each of the following services provided during the previous fiscal year:

Chore	Congregate Meals	Transportation
Outreach	Home Delivered Meals	Assisted Transportation
Personal Care	Nutrition Education	Information and Outreach
Homemaker	Nutrition Counseling	Adult Day Care / Adult Day Health
Case Management	Legal Assistance	

4. The total number of full time equivalent employees.
5. The total number of full time equivalent Agency Executive/Management Staff employees.
6. The total number of full time equivalent Other Paid Professional Staff employees.
7. The total number of full time equivalent employees that volunteer.
8. The total number of minority full time equivalent employees.
9. The total number of minority full time equivalent Agency Executive/Management Staff employees.
10. The total number of minority full time equivalent Other Paid Professional Staff.
11. The total number of minority full time equivalent employees that volunteer.

**Useful Tip / Computation of Full Time Equivalents (FTE's):** To obtain the FTE for 3 individuals employed for less than 8 hours a day, determine the portion of an 8-hour day each person works and then add the portions. **For example:** if Person A worked 4 hours; Person B worked 4 hours; and Person C worked 2 hours then the FTE for the group would be 1.25, computed thusly: Person A = 4 hrs/8 hr. day or **.5 FTE**; Person B = 4 hrs/8 hr. day or **.5 FTE**; and Person C = 2 hrs/8 hr. day or **.25 FTE** and summed (.5 + .5 + .25 = 1.25 FTEs).

### **Meal Site, Senior Center, & Focal Point Information**

AAAs must update the following data as needed and annually verify the accuracy of the information with their area plan submission.

For each Congregate Meal Site, Senior Center and Focal Point provide:

- Facility Name
- Facility Street Address
- Facility City
- Facility State
- Facility Zip code
- Facility Phone Number

For each Congregate Meal Site the total days per week the following congregated meals and/or home delivered meals are available to consumers:

- Breakfast
- Noon
- Evening

## REQUIRED CONSUMER INTAKE & ASSESSMENT INFORMATION

In order to meet federal reporting requirements, AAAs shall collect information on consumers receiving services.

### Aging & Disability Network: Detailed Consumer Profile Data Collection for Registered Services

The following consumer data must be entered into the Department's reporting system for each consumer receiving a registered service. AAAs shall collect the following information for all\* registered services:

Date Completed/Registered: (MM/DD/YYYY)  
Consumer Name (First, Last, Middle Initial)  
Birthdate (MM/DD/YYYY) or Age  
Address (Street, City, State, Zip)  
Home / Cell Phone Number: (###-###-####)  
E-mail Address  
Live alone: (Yes or No)  
Number in Household:  
Annual Total Household Income Range:  
Gender: Female, Male, Transgender  
Race: (White, American Indian/Alaskan Native, Asian, African American/Black, or Native Hawaiian/Other Pacific Islander)  
Ethnicity: (Hispanic or Latino or Not Hispanic or Latino)  
Primary Language: (English, Other)  
Veteran Status: (Veteran, Veteran Dependent/Spouse)  
Impairments related to Activities of Daily Living (ADL)  
Impairments related to Instrumental Activities of Daily Living (IADL)

In the 30 days, how often were these statements true:

I have worried whether my food would run out before I got money to buy more. (Often, Sometimes, Never)

The food that I bought just didn't last and I didn't have money to get more. (Often, Sometimes, Never)

For contracted services:

Provider Site  
Service Provided

**\*Information and Assistance and Access Assistance Data.** When providing Information and Assistance or Access Assistance, AAA staff are only required to collect the following consumer information: consumer name, birthdate or age, address, gender, race, ethnicity, live alone, household size, and income range.

### Nutrition Risk Screening

For consumers receiving Home Delivered Meals, Congregate Meals, Nutrition Counseling, and/or Case Management, AAAs **must also collect** the following Nutrition Risk Screening information.

I have an illness or condition that made me change the kind and/or amount of food I eat: (Yes or No)  
I eat fewer than two meals per day: (Yes or No)  
I eat few fruits. (Less than 1 ½ cups daily): (Yes or No)  
I eat few vegetables. (Less than 2 cups daily): (Yes or No)  
I eat and/or drink few milk products. (Less than 3 cups daily): (Yes or No)

I have three or more drinks of beer, liquor or wine almost every day: (Yes or No)  
I have tooth or mouth problems that make it hard for me to eat: (Yes or No)  
I don't always have enough money to buy the food I need: (Yes or No)  
I eat alone most of the time: (Yes or No)  
I take 3 or more different prescribed or over-the-counter drugs a day: (Yes or No)  
I have lost or gained 10 pounds in the last 6 months, without wanting to: (Yes or No)  
I am not always physically able to do one or more of: shopping, cooking, or feeding myself: (Yes or No)

For contracted services:

Provider Site  
Service Provided

## **Family Caregiver and/or Grandparents & Other Elderly Caregivers Serving Children: Detailed Consumer Profile Data Collection for Registered Services**

AAAs shall collect the following information for all registered services for the family caregiver and grandparent & other elderly caregiver serving children:

Date Completed/Registered: (MM/DD/YYYY)  
Caregiver's Name (First, Last, Middle Initial)  
Caregiver's Birthdate (MM/DD/YYYY) or Age  
Caregiver's Address (Street, City, State, Zip)  
Caregiver's Home and/or Cell Phone Number: (###-###-####)  
Caregiver's Email Address  
Caregiver's Gender: (Female, Male, Transgender)  
Caregiver's Race: (White, American Indian/Alaskan Native, Asian, African American/Black, or Native Hawaiian/Other Pacific Islander)  
Caregiver's Ethnicity: (Hispanic or Latino or Not Hispanic or Latino)

### **Family Caregiver**

As a Family Caregiver, my relationship to the individual receiving care is: (Husband, Wife, Daughter/Daughter-in-Law, Son/Son-in-law, Other Relative, or Non-Relative)

Person Being Cared For (Care Recipient)  
Consumer Name (First, Last, Middle Initial)  
Birthdate (MM/DD/YYYY) or Age  
Address (Street, City, State, Zip)  
Phone Number: (###-###-####)  
Gender: (Female, Male, Transgender)

### **Grandparent / Other Older Relative Caring for Children**

As a grandparent and/or other elderly caregiver serving children, my relationship to the individual(s) receiving care is: (Grandparent, Other Elderly Relative, or Other Elderly Non-Relative)

Total Number of 18 and younger receiving care:  
Total disabled persons 19-59 years old receiving care:

## Consumer Intake Data Collection Options

In order to collect required detailed consumer profile for each consumer receiving a registered service(s), AAAs shall use either:

*Aging & Disability Network Intake Form* or the *Family Caregiver and/or Grandparents and Other Elderly Caregivers Serving Children Network Intake Form*. (Forms are provided at the end of this manual.)

Or

*SAMS*. AAA staff must enter intake data in the corresponding fields in the consumer record and/or service specific assessment/screening tool in *SAMS* for each consumer receiving a registered service.

## SERVICE DEFINITIONS

AAAs shall use the following terms and associated definitions when collecting and entering required program and service data.

**AAA or Area Agency on Aging or Area Agency.** The grantee agency designated by the commission in a planning and service area to develop and administer the multiyear area plan for a comprehensive and coordinated system of services for elders and to carry out the duties specified in Iowa Code chapter 231.

**Activities of Daily Living (ADL).** The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues:

Walking	Bathing
Dressing	Transferring in and out of bed or chair
Toileting	Eating

**Agency Executive/Management Staff.** Personnel such as SUA director, deputy directors, directors of key divisions and other positions which provide overall leadership and direction for the State or Area Agency on Aging.

**Agency ID Number.** The unique number assigned by the Department that identifies the Area Agency on Aging. The numbers are:

ID Number	Agency Name
1	Elderbridge Agency on Aging
2	Northeast Iowa Area Agency on Aging
3	Aging Resources of Central Iowa
4	The Heritage Agency on Aging
5	Milestones Area Agency on Aging
6	Connections Area Agency on Aging

**American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment.

**Annual Household Income.** Total annual income of all persons including the client's income living in the client's home.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa.

**Child.** An individual who is not more than 18 years of age or an individual who is 19 to 59 years of age who has a disability.

**Congregate Meal Site.** A facility designated for provision of congregate meals or other nutrition-related services.

**Consumer.** An individual eligible for services pursuant to the Older Americans Act and Iowa law.

**Consumer Age.** The age in years of a consumer.

**Consumer Date of Birth.** Consumer's date of birth in format "MM/DD/YYYY".

**Consumer Ethnicity.** Hispanic or Latino or Not Hispanic or Latino.

**Consumer Gender.** Consumer's gender as male or female.

**Consumer Identification (ID) Number.** A unique number assigned to each client that receives a registered service.

**Consumer Race.** Consumer's race as one or more of the following:

American Indian	Black or African American
Alaskan Native	Native Hawaiian or Other Pacific Islander
Asian	White

**Detailed Consumer Profile.** The following set of data elements are to be collected and reported for a client receiving a registered service(s).

Agency ID Number	Home City	Activities of Daily Living (ADL)
Consumer Identification (ID) Number	Home Zip	Instrumental Activities of Daily Living (IADL)
Consumer Date of Birth	Home County	Nutritional Risk Screening (Congregate Meals,
Consumer Age	Living Alone	Home Delivered Meals, Nutrition Counseling,
Consumer Gender	Household Size	and Case Management Consumers Only)
Consumer Race	Poverty Level	
Consumer Ethnicity		



**Note:** For Information and Assistance, only consumer demographic information is required (ID, birthdate, address, gender, race/ethnicity, live alone/household size, and income range).

**Disability.** (OAA) means (except when such term is used in the phrase “severe disability,” “developmental disabilities,” “physical and mental disability,” “physical and mental disabilities,” or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental or physical impairments, that results in substantial functional limitations in one or more of the following areas of major life activity: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency, (8) cognitive functioning, and (9) emotional adjustment.

**Elder Abuse Prevention and Awareness Program (EAPA).** The Elder Abuse Prevention and Awareness Program (EAPA) focuses on the prevention, intervention, detection, and reporting of elder abuse, neglect, and financial exploitation by presenting older Iowans with options to enhance their lifestyle.

**Elder Abuse Prevention and Awareness Program (EAPA) Consumer.** An EAPA consumer is a person age 60 or older who is at risk of, or experiencing, abuse, neglect, or financial exploitation.

**Family Caregiver.** An adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. “Informal” means that the care is not provided as part of a public or private formal service program.

**Family Caregiver Registered Service(s).** Services identified below that require collection and reporting of a Family Caregiver Detailed Consumer Profile to the department:

Access Assistance	Respite
Counseling	Self-Directed Care
Home Delivered Meals	Supplemental Services
Options Counseling	

**Family Caregiver Detailed Consumer Profile.** The following set of data elements to be collected and reported to the Department for a family caregiver receiving a registered service through the Title III Family Caregiver Program:

Agency ID Number	Home Zip
Identification (ID) Number	Gender
Age	Race
Date of Birth	Ethnicity
Home City Name	Family Relationship to Care Recipient
Home County	

**Family Relationship to Care Recipient.** The relationship of the caregiver receiving a registered service through the Title III E Family Caregiver Program is defined as one of the following:

Wife	Non-Relative
Husband	Son or Son-in-Law
Other Relative	Daughter or Daughter-in-Law

**Focal Point.** A facility established to encourage the maximum co-location and coordination of services for older individuals.

**Grandparent or Other Older Relative Caregiver of a Child.** A grandparent, a step grandparent or other relative caregiver of a child by blood or marriage who is 55 years of age or older and:

- Lives with the child;
- Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

**Grandparent or Other Older Relative Caregiver of a Child Detailed Consumer Profile.** The following set of data elements to be collected and reported to the Department for a Grandparent and Other Elderly Caregiver a receiving a registered service through the Title III E Family Caregiver Program:

Agency ID Number	Gender
Identification (ID)	Race
Number	Ethnicity
Age	Grandparent and Other Elderly Caregiver
Date of Birth	Relationship to Care Recipient
Home City	Total Children 18 or younger receiving care
Home County	Total disabled persons 19-59 years old receiving care
Home Zip	

**Grandparent or Other Older Relative Caregiver of a Child Registered Service(s).** Services identified below that require collection and reporting of a Grandparent or Other Older Relative Caregiver of a Child Detailed Consumer Profile to the department:

Access Assistance	Respite
Counseling	Self-Directed Care
Home Delivered Meals	Supplemental Services
Options Counseling	

**Grandparent Relationship or Other Relative Caregiver Relationship to Care Recipient.** The relationship of the caregiver receiving a registered service through the Title III E Caregivers Support Program is defined as one of the following:

- Grandparent
- Other Elderly Relative
- Other Elderly Non-Relative

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Home City.** The city name where the client's home is located.

**Home County.** The county name where the client's home is located.

**Home Zip.** The city zip code for the city where the client's home is located.

**Household.** A household consists of all the persons who occupy a housing unit (house or apartment) whether they are related to each other or not.

**Household Size.** The number of persons meeting the household definition living in the client's home.

**Instrumental Activities of Daily Living (IADL).** The inability to perform one or more of the following instrumental activities of daily living without personal assistance, stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using the telephone, doing heavy housework, doing light housework, and "transportation ability". (Transportation ability refers to the individual's ability to make use of available transportation without assistance.)

**Legal Assistance Development.** Activities carried out by the State Legal Assistance Developer and designed to coordinate and enhance State and local Legal Services and Elder Rights Programs.

**Living Alone.** A one-person household where the householder lives by him- or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.

**Minority Service Provider.** A service provider that meets any one of the following criteria: 1) a not for profit organization with a controlling board comprised of at least 51% of individuals in the racial and ethnic categories listed below; 2) a private business concern that is at least 51% owned by individuals in the racial and ethnic categories listed below; and 3) a publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below. The applicable racial and ethnic categories include:

American Indian or Alaskan Native	Asian
Black or African American	Hispanic
Native Hawaiian or Other Pacific Islander	

**Minority.** A person that is included in the Race/Ethnicity Status definition.

**Non-Minority.** Any person who does not meet the Minority definition.

**Non-Registered Service(s).** A service(s) not included as part of the Registered Service(s) definition.

**NSIP Meals (Nutrition Services Incentive Program).** A meal is a meal served in compliance with all requirements of the OAA, which means at a minimum that: 1) the meal has been served to a participant who is eligible under the OAA and has not been means-tested for participation; 2) the meal is in compliance with nutrition requirements; 3) the meal is served by an eligible agency; and 4) the meal is served to an individual who has the opportunity to voluntarily contribute to the cost of the meal. Meal counts include all OAA eligible meals including those served to persons under age 60 where authorized by OAA. NSIP Meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to caregivers.

**Nutritional Risk Screening.** The nutritional risk score obtained from the *Determine Your Nutritional Health* checklist for a client receiving one or more of the services listed below.

- 1. For all clients receiving congregate meals, home-delivered meals, nutrition counseling and case management:** The provider will assess the nutrition risk screening data at the time the service is first initiated for the client. Thereafter, the provider will assess the data on an annual basis.
- 2. For all clients receiving home-delivered meals:** The provider will assess the nutrition screening data at the time the service is first initiated for the client. Thereafter, the provider will assess the data every six months.

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Older Individual.** A person age 60 or older.

**Other Paid Professional Staff.** Personnel who are considered professional staff who are not responsible for overall agency management or direction setting but carry out key responsibilities or tasks associated with the State or Area Agency in the following areas:

*Planning.* Includes such responsibilities as needs assessment, plan development, budgeting/resource analysis, inventory, standards development and policy analysis.

*Development.* Includes such responsibilities as public education, resource development, training and education, research and development and legislative activities.

*Administration.* Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

*Access/Care Coordination.* Includes such responsibilities as outreach, screening, assessment, case management, information and referral.

*Service Delivery.* Includes those activities associated with the direct provision of a service that meets the needs of an individual older person and/or caregiver.

*Clerical/Support Staff.* All paid personnel who provide support to the management and professional staff.

**Poverty Level.** 100% below the annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. Persons considered to be in poverty are those with an income below the Official Poverty Guideline as defined each year by the Office of Management and Budget in accordance with subsection 673 (2) of the Community Services Block Grant Act [42 U.S.C. 9902 (2)].

**Program.** A grouping of services which by the nature of eligibility requirements or type of client can only be funded with certain funding sources. There are currently two programs defined as:

General Aging Program  
Title III-E Family Caregiver Program

**Race/Ethnicity Status.** The following reflect the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the “two-question format”. When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:

**Ethnicity:** Hispanic or Latino  
**Race:** American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White

**Registered Service(s) (General Aging).** Services identified below that require collection and reporting of a detailed consumer profile to the department:

Adult Day Care / Adult Day Health	EAPA Consultation
Assisted Transportation	EAPA Assessment & Intervention
Case Management	Health Promotion-Disease Prevention
Chore	Home Delivered Meals
Congregate Meals	Homemaker
Evidence-Based Health Activities	Information and Assistance

Material Aid  
Nutrition Counseling  
Nutrition Education  
Options Counseling

Personal Care  
Self-Directed Care  
Transportation

**Rural.** All areas not defined as urban.

**Rural Provider.** Providers of service to clients who live in rural areas. Rural providers are not necessarily providers of services to only rural clients. They may also be providers of services to clients in urban areas. (See definition of rural).

**Senior Center(s).** A community facility or facilities for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

**Service(s).** The service(s) and definition(s) determined by the Iowa Department on Aging.

**Service Provider.** An organization or person that provides services to consumers under a formal contractual arrangement with an AAA or SUA.

**Service(s) Unit.** The unit of service(s) determined by the Iowa Department on Aging.

**Urban.** Urban means persons/territories that live inside Urbanized Areas (UAs) of 50,000 or more people or Urban Clusters (UCs) of at least 2,500 and less than 50,000 people.

**Volunteer.** Uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA Contractors, shall be included.

**White.** Person having origins in any of the peoples of Europe, the Middle East, or North Africa.

## Chapter Four: Iowa Aging Financial Reporting Systems (IAFRS)

### Instructions

#### FINANCIAL INFORMATION

**Introduction.** Area Agencies on Aging (AAAs) shall utilize a format provided by the Iowa Department on Aging to report the accrued receipt and expenditure of award or contract related funds utilized for area agency on aging operations. Information provided must be reconcilable to the area agency on aging's books of account.

**Initial Notice of Award.** At the beginning of the state fiscal year, Initial Notice of Grant Awards (NGAs) are sent to the AAAs detailing current authorization levels for funding sources passed-through the Department and contained in the area agency on aging's approved area plan. Typically, this will include the entire fiscal year's state appropriation and approximately 25% of the fiscal year's projected federal Title III funding. Additional NGAs will be issued as necessary to reflect changes in authorization levels.

The Department sends General Accounting Expenditure (GAX) documents to area agencies on aging to facilitate the processing of all pass-through funding contained in the area agency on aging's approved area plan with the exception of NSIP funding. GAXs must be signed and returned prior to any processing of area plan funding. They are only necessary for the initial processing (i.e. first monthly/first quarterly) of funding contained in the approved agency's area plan. Signed GAXs not received by the stated due date will be held and processed collectively with all other late forms.

**Disbursement Processing.** The Department will process state funding quarterly by the seventh (7th) of the month beginning each quarter (except as otherwise noted). Automatic/Direct deposit should make funding available within 3 business days of the processing date. A form for automatic/direct deposit is available upon request from the Department. Disbursement schedules for State and Federal funds are located in Tables 1 and 2 on the next page.

The Department will process federal funding monthly by the seventh (7th) of each month (except as otherwise noted). Automatic/Direct deposit should make funding available within 3 business days of the processing date. A form for automatic/direct deposit is available upon request from the Department. Primary adjustments will occur on the November, February and May processing dates; however, adjustments may occur in other months as necessary to limit unexpended cash balances. Please refer to Table 1: State Funds Disbursement Schedule for Elderly Services and Table 2: Federal Funds Disbursement Schedule for Title IIIB, IIIC(1), IIIC(2), IIID and IIIE on the next page. Federal disbursements will factor in approved transfer requests to the extent possible.

All processing is contingent upon adequate funding and expenditure adjustment, if necessary.

## STATE AND FEDERAL FUNDS DISBURSEMENT TABLES

**Table 1: State Funds Disbursement Schedule for Elderly Services**

Disbursement	Month	Warrants Processed	Amount of Warrant
1	July	July 24 [anticipated]	Allotment Table Amount ¼
2	October	October 7	Allotment Table Amount ¼
3	January	January 7	Allotment Table Amount ¼
4	April	April 7	Allotment Table Amount ¼
5		August 31	+/- Final FSR receivable/Balance

**Table 2: State Funds Disbursement Schedule for Elder Abuse Prevention & Awareness Program**

Disbursement	Month	Warrants Processed	Amount of Warrant
1	July	July 24 [anticipated]	Allotment Table Amount ¼
2	November	November 7	Allotment Table Amount ¼ +/- Q1 FSR receivable/balance
3	February	February 7	Allotment Table Amount ¼ +/- Q2 FSR receivable/balance
4	May	May 7	Allotment Table Amount ¼ +/- Q3 FSR receivable/balance
5		August 31	+/- Final FSR receivable/Balance



**Table 3: Federal Funds Disbursement Schedule for Title IIIB, IIIC(1), IIIC(2), IIID and IIIE**

Disbursement	Month	Warrants Processed	Amount of Warrant
1	July	July 24 [anticipated]	Allotment Table amount 1/12 (e.g. \$240,000 1/12 = \$20,000)
2	August	August 7	Allotment Table amount 1/12
3	September	September 7	Allotment Table amount 1/12
4	October	October 7	Allotment Table amount 1/12
5	November	November 7	Allotment Table amount 1/12, +/- Q1 FSR receivable/balance
6	December	December 7	Allotment Table amount 1/12, +/- Q1 FSR receivable/balance
7	January	January 7	Allotment Table amount 1/12, +/- Q1 FSR receivable/balance
8	February	February 7	Allotment Table amount 1/12, +/- Q2 FSR receivable/balance
9	March	March 7	Allotment Table amount 1/12, +/- Q2 FSR receivable/balance
10	April	April 7	Allotment Table amount 1/12, +/- Q2 FSR receivable balance
11	May	May 7	Allotment Table amount 1/12, +/- Q3 FSR receivable/balance
12	June	June 7	Allotment Table amount 1/12, +/- Q3 FSR receivable/balance
13		August 7 (optional)	+/- Q4 FSR receivable/balance
14		August 31	+/- Final FSR receivable/balance

## AREA PLAN CUMULATIVE FINANCIAL STATUS REPORT INSTRUCTIONS

**Area Plan Cumulative Financial Status Report Instructions.** The periodic submission of the Area Plan Cumulative Financial Status Report is required to continue receiving funding under the AAA's approved area plan from the Department. The report displays the accrued receipt and expenditure (i.e. detailed service utilization) of funding resources contained in the approved area plan. Agencies complete the report using the Iowa Aging Information System (IAFRS) component of the Iowa Aging Information System (IAIS) located at <https://ida-infosys.iowa.gov>. Report files will be made available to the AAA for completion of Q1-Q4 reports by the 3<sup>rd</sup> of the month following the reporting period and by August 3<sup>rd</sup> for the Final report. A report file for the Closeout reflecting all financial transactions for the fiscal year will be made available by September 30<sup>th</sup> and requires no action by the area agency on aging. Availability of report files will be communicated to AAA Financial Managers via email.

**Financial Entry.** Accrued Receipts and Accrued Expenditures for quarterly periods (Q1-Q4) and the Final period are entered in the IAFRS component as displayed below:

### Iowa Aging Financial Reporting System Layout

The following table describes the IAFRS tabs and information contained in each tab.

Program Cluster (tab)	Summary View	Data Entry View
Summary	Budget, Resources & Expenditures by funding source across all program clusters	Receipts by funding source and Expenditures by service across all programs
General Aging	Budget, Resources & Expenditures by funding source	Receipts by funding source and Expenditures by service (entry required)
Senior Living Program [Inactive]	Budget, Resources & Expenditures by funding source	Receipts by funding source and Expenditure by service (entry required)
Caregiver (IIIE)	Budget, Resources & Expenditures by funding source	Receipts by funding source and Expenditures by service (entry required)

- ✓ Enter Accrued Receipts by funding source within each of two (2) program clusters (General Aging and Caregiver). They may be either in the form of "Prior Yr. Receipts" or "Current Yr. Receipts" and are either passed through the Department (Resources – IA Dept. on Aging) or flow directly to the AAA (Resources – Non-IA Dept. on Aging).
- ✓ Enter Accrued Expenditures (i.e. funding source utilization) by funding source & service within each of the two (2) program clusters. Service definitions can be found elsewhere in this Reporting Manual.

## Area Plan Cumulative Financial Status Report

Funding Resources	Prior Receipts	Current Receipts	Expenditures
IDA Resources Department Pass-through funding to AAAs (Resources – IA Dept. on Aging).	Actual unexpended funding received during the previous fiscal year (deferrals) which has now been earned as of the end of the reporting period.	Actual funding received and earned as of the end of the reporting period.	Total costs of all goods & property received or services performed as of the end of the reporting period, whether or not a cash payment has occurred.
Non-IDA Resources Direct funding to AAAs (Resources – Non-IA Dept. on Aging)	Actual unexpended funding earned & reported during a previous fiscal year (previous fiscal year ending balances).	Actual funding received and earned as of the end of the reporting period.	

**Allowable Resource Uses.** Allowable funding expenditures are those uses of funding contained within the area agency on aging’s approved area plan. Allowable area plan funding expenditures are determined by the combination of (1) program cluster (General Aging or Caregiver), (2) funding source, and (3) service. (Refer to the Allowable Area Plan Funding Expenditure Tables below for more information.) In the event a resource has been precluded from use, the area agency shall submit a written justification to the Department. The Department will make an allowability determination within five business days and communicate the determination to the area agency.

**Financial Status Report Validations.** The successful completion and submission of the Area Plan Cumulative Financial Status Report is subject to numerous rules and requirements (e.g., approved expenditure, funding authorization, period of availability, match, etc.). The IAFRS performs a number of these checks during the validation process.

Match requirements for funding are calculated by each funding component or group and administrative sub-component if applicable (i.e. Elderly Services; Title IIIB, IIIC(1), IIIC(2); and IIIE). To qualify as match, the allowable match funding must be expended in the same service and program cluster as the funding to be matched.

Funding balance limits at various times during the fiscal year are enforced for all Title III subparts; all program income types (except program income other) and NSIP. They are not included in the IAFRS validations, and you will not receive conditional notices on their status during the validation process.

- Title III Funding – Funding balances for the quarterly report period ending September 30 are limited to 25% of the prior fiscal year allotment amounts (see IAPI 2007-22). Allowable September 30 balance and availability amounts are detailed on each NOA issuance.

- Program Income – Funding balances for the quarterly report period ending 9/30 must equal zero (see IAPI 2007-22).
- NSIP Cash – Cash received in conjunction with any Federal fiscal year ending September 30 must be reported as expended on the following Final Financial Status Report for the period ending June 30 (see IAPI 2004-09).

**Financial Status Report Updates.** Occasionally, it may be necessary or desired to update a previously submitted report. The AAA shall contact Jeff Batz if an update is desired. All report updates are accepted through July 24<sup>th</sup> following the end of the fiscal year. The timeline for submission of report updates which are referenced for validation purposes varies according to the report type which includes the reference. Please remember that report type B is referenced in all other report types and report type Q1 is referenced in all other report types except B. Updates to the Final reporting period after August 15<sup>th</sup> should be kept to a minimum and are necessary only when requested by the Department or an audit of the area agency on aging warrants action.

A submission summary is displayed below.

Current Reporting Period	Current Reporting Period Due Date	Reporting Period Due Date for Update	Due Date for Referenced Reporting Period inclusion in Current Reporting Period	
			B (Budget)	Q1
<b>B (Budget)</b> 7/1/XX – 6/30/XX	Various	24-Jul		
<b>Q1</b> 7/1/XX – 9/30/XX	22-Oct	24-Jul	24-Sep	
<b>Q2</b> 7/1/XX – 12/31/XX	22-Jan	24-Jul	24-Dec	24-Dec
<b>Q3</b> 7/1/XX – 3/31/XX	22-Apr	24-Jul	24-Mar	24-Mar
<b>Q4</b> 7/1/XX – 6/30/XX	22-Jul	24-Jul	24-Jun	24-Jun
<b>F (Final)</b> 7/1/XX – 6/30/XX	15-Aug	see above	24-Jul	24-Jul
<b>Closeout</b>	<u>No action required by AAA</u> <i>Only Transmits final Cumulative Cash Transactions Report Data for display in "Data Reports" component of the IAFRS</i>			

If financial updates are determined to be necessary, you will be prompted prior to submission to validate that report. Both expenditure and performance data will be accessed during that validation. Therefore, any related change to performance data within IAPRS for the period being updated will also need to be submitted to the Department. Conversely, updates to performance data within IAPRS will not prompt you for validation of the financial report but should nevertheless be followed by re-validation of the financial report inclusive of the period being updated. Again, any change to performance data within IAPRS for the period being updated will need to be submitted to the Department.

**Notice of Grant Awards (NGAs).** Notice of Grant Awards (NGAs) establish the authorization to expend funds associated with an approved area plan. Disbursed funding to area agencies will not exceed the amount authorized by the most current NGA. NGAs will be issued as often as necessary to reflect changes in authorization levels and include a *REMARKS SECTION* detailing the award action being taken. Final NGAs will be issued by September 15<sup>th</sup> following the end of the fiscal year. Federal Title III grants are comprised of the following components:

Allotment		Proportionate		Reallocated		Approved		Total
Table Amt.	+ / (-)	Transfers	+ / (-)	Funding	+	Carryover	=	NGA

**Cumulative Cash Transactions Report.** A complete and detailed accounting of all disbursement and authorization transactions is included in the IAFRS report made available for each reporting period. The information can be accessed via Reports on the IAFRS main toolbar by selecting Cumulative Cash Transactions from the IAFRS dropdown list and the report period criteria. Amounts contained in the report must be reconcilable to the agency's annual audit conducted for the fiscal year period. Particular attention should be given to the following transactions for reporting period Closeout:

- Authorization Per Final APCFSR (Area Plan Cumulative Financial Status Report)
- Deferrals
- Adjusting Entry

**Carryover Funding Request.** A Carryover Funding Request must be completed for the Final Area Plan Cumulative Financial Status Report. It is accessed via the IAFRS Menu dropdown from within the Final Report (zeros for all must be entered at a minimum). Carryover funding exists if there is a positive balance between the most current NGA authorization amount and the amount of funding reported as expended (i.e. NGA minus expended amount >\$0). All Title III carryover not requested, whether previously disbursed to the area agency or not, will be available for redistribution to all area agencies.

**Reversion of Funding.** All unexpended funding disbursed by the Department and remaining at the area agency on aging at fiscal year-end (except those funds allowed and applied for as carryover funding) must be returned to the Department with the signed Final Area Plan Cumulative Financial Status Report Cover Sheet. Detailed identification of the amount by funding source and period of availability must accompany the return. Funding source is to include the CFDA # as well as the Program # where applicable (both can be found on the Cumulative Cash Transactions Report for that period). Make checks payable to the Iowa Department on Aging.

## Allowable Funding Expenditure Tables for SFY 2017

Figure 1a: Allowable Expenditures SFY2017

	Admin	Personal Care	Homemaker	Chore	* Home Delivered Meals	Adult Day Care / Adult Day Health	* Case Mgmt	* Congregate Meals	* Nutrition Counseling	Assisted Transportation
	01A	01	02	03	04	05	06	07	08	09
<b>Resources - IDA</b>										
110 Elderly Services General	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
123 Elder Abuse Prevention Awareness Pgm	GA									
180 Title IIIB Supportive Services	GA	GA	GA	GA		GA	GA		GA	GA
190 Title IIIC(1) Congregate Meals	GA							GA	GA	
200 Title IIIC(2) HD Meals	GA				GA				GA	
215 Title IIIE Caregiver Support	CG									
220 Title IIID Preventive Health										
250 NSIP Cash					GA			GA		
Sub-total IDA										
<b>Resources - Non-IDA</b>										
280 Federal Non-IDEA	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
290 State Non-IDEA	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
300 Local Public Funds	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
310 Other Local Cash	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
320 Non-Cash	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
330 Pgm Inc IIIB Supportive Svcs	GA	GA	GA	GA		GA	GA		GA	GA
340 Pgm Inc IIIC(1) Cong Meals	GA				GA			GA	GA	
350 Pgm Inc IIIC(2) HD Meals	GA				GA			GA	GA	
363 Pgm Inc IIIE Caregiver Support	CG									
365 Prog Inc IIID Preventive Health										
370 Program Income Other	GA - CG	GA	GA	GA	GA	GA	GA	GA	GA	GA
Sub-total Non-IDA										
<b>Total Resources</b>										
Total Cash										

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Figure 1b: Allowable Expenditures SFY2017

	Transportation	* Legal Assistance	* Nutrition Education	* Information & Assistance	Outreach	* Health Promotion	Respite	Mental Health Outreach	Medication Management	Evidence-Based Health Activities
	10	11	12	13	14	B02	B03	B05	B06	B07
<b>Resources - IDA</b>										
110 Elderly Services General	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
123 Elder Abuse Prevention Awareness Pgm										
180 Title IIIB Supportive Services	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
190 Title IIIC(1) Congregate Meals			GA							
200 Title IIIC(2) HD Meals			GA							
215 Title IIIE Caregiver Support										
220 Title IIID Preventive Health										GA
250 NSIP Cash										
Sub-total IDA										
<b>Resources - Non-IDA</b>										
280 Federal Non-IDEA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
290 State Non-IDEA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
300 Local Public Funds	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
310 Other Local Cash	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
320 Non-Cash	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
330 Pgm Inc IIIB Supportive Svcs	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
340 Pgm Inc IIIC(1) Cong Meals			GA							
350 Pgm Inc IIIC(2) HD Meals			GA							
363 Pgm Inc IIIE Caregiver Support										
365 Prog Inc IIID Preventive Health										GA
370 Program Income Other	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA
Sub-total Non-IDA										
<b>Total Resources</b>										
Total Cash										

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**Figure 1c: Allowable Expenditures SFY2017**

	Advocacy	Legal Education	EAPA Consultation	EAPA Assessment & Intervention	EAPA Training & Education	Self-Directed Care	Money Management	Training/ Education	Recreation Activities	Reassurance /Visiting
	C01	C05	C07	C08	C09	C10	C11	D01	D02	D03
<b>Resources - IDA</b>										
110 Elderly Services General	GA	GA				GA	GA	GA	GA	GA
123 Elder Abuse Prevention Awareness Pgm			GA	GA	GA					
180 Title IIIB Supportive Services	GA	GA				GA	GA	GA	GA	GA
190 Title IIIC(1) Congregate Meals										
200 Title IIIC(2) HD Meals										
215 Title IIIE Caregiver Support										
220 Title IIID Preventive Health										
250 NSIP Cash										
Sub-total IDA										
<b>Resources - Non-IDA</b>										
280 Federal Non-IDEA	GA	GA				GA	GA	GA	GA	GA
290 State Non-IDEA	GA	GA				GA	GA	GA	GA	GA
300 Local Public Funds	GA	GA				GA	GA	GA	GA	GA
310 Other Local Cash	GA	GA				GA	GA	GA	GA	GA
320 Non-Cash	GA	GA				GA	GA	GA	GA	GA
330 Pgm Inc IIIB Supportive Svcs	GA	GA				GA	GA	GA	GA	GA
340 Pgm Inc IIIC(1) Cong Meals										
350 Pgm Inc IIIC(2) HD Meals										
363 Pgm Inc IIIE Caregiver Support										
365 Prog Inc IIID Preventive Health										
370 Program Income Other	GA	GA				GA	GA	GA	GA	GA
Sub-total Non-IDA										
<b>Total Resources</b>										
<b>Total Cash</b>										

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**Figure 1d: Allowable Expenditures SFY2017**

	Counseling	Placement Services	Assessment/ Intervention	* Options Counseling	Material Aid	Public Information	Volunteer Support	Access Assistance	Cash and Counseling	Counseling
	E01	E02	E03	E05	F02	F03	F05	CG1	CG2	CG3
<b>Resources - IDA</b>										
110 Elderly Services General	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
123 Elder Abuse Prevention Awareness Pgm										
180 Title IIIB Supportive Services	GA	GA	GA	GA	GA	GA	GA			
190 Title IIIC(1) Congregate Meals										
200 Title IIIC(2) HD Meals										
215 Title IIIE Caregiver Support								CG	CG	CG
220 Title IIID Preventive Health										
250 NSIP Cash										
Sub-total IDA										
<b>Resources - Non-IDA</b>										
280 Federal Non-IDEA	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
290 State Non-IDEA	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
300 Local Public Funds	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
310 Other Local Cash	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
320 Non-Cash	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
330 Pgm Inc IIIB Supportive Svcs	GA	GA	GA	GA	GA	GA	GA			
340 Pgm Inc IIIC(1) Cong Meals										
350 Pgm Inc IIIC(2) HD Meals										
363 Pgm Inc IIIE Caregiver Support								CG	CG	CG
365 Prog Inc IIID Preventive Health										
370 Program Income Other	GA	GA	GA	GA	GA	GA	GA	CG	CG	CG
Sub-total Non-IDA										
<b>Total Resources</b>										
<b>Total Cash</b>										

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**Figure 1e: Allowable Expenditures SFY2017**

	Information Services	Respite	Supplemental Services	Home Delivered Meals	Options Counseling	Access Assistance	Cash and Counseling	Counseling	Information Services	Respite
	CG4	CG5	CG6	CG7	CG8	GO1	GO2	GO3	GO4	GO5
<b>Resources - IDA</b>										
110 Elderly Services General	CG	CG	CG	CG	CG	GO	GO	GO	GO	GO
123 Elder Abuse Prevention Awareness Pgm										
180 Title IIIB Supportive Services										
190 Title IIIC(1) Congregate Meals										
200 Title IIIC(2) HD Meals										
215 Title IIIE Caregiver Support	CG	CG	CG	CG	CG	GO	GO	GO	GO	GO
220 Title IIID Preventive Health										
250 NSIP Cash										
Sub-total IDA										
<b>Resources - Non-IDA</b>										
280 Federal Non-IDEA	CG	CG	CG	CG	CG	GO	GO	GO	GO	GO
290 State Non-IDEA	CG	CG	CG	CG	CG	GO	GO	GO	GO	GO
300 Local Public Funds	CG	CG	CG	CG	CG	GO	GO	GO	GO	GO
310 Other Local Cash	CG	CG	CG	CG	CG	GO	GO	GO	GO	GO
320 Non-Cash	CG	CG	CG	CG	CG	GO	GO	GO	GO	GO
330 Pgm Inc IIIB Supportive Svcs										
340 Pgm Inc IIIC(1) Cong Meals										
350 Pgm Inc IIIC(2) HD Meals										
363 Pgm Inc IIIE Caregiver Support	CG	CG	CG	CG	CG	GO	GO	GO	GO	GO
365 Prog Inc IIID Preventive Health										
370 Program Income Other	CG	CG	CG	CG	CG	GO	GO	GO	GO	GO
Sub-total Non-IDA										
<b>Total Resources</b>										
Total Cash										

Revised 12/2015

**Figure 1f: Allowable Expenditures SFY2017**

	Supplemental Services	Home Delivered Meals	Options Counseling							
	GO6	GO7	GO8							
<b>Resources - IDA</b>										
110 Elderly Services General	GO	GO	GO							
123 Elder Abuse Prevention Awareness Pgm										
180 Title IIIB Supportive Services										
190 Title IIIC(1) Congregate Meals										
200 Title IIIC(2) HD Meals										
215 Title IIIE Caregiver Support	GO	GO	GO							
220 Title IIID Preventive Health										
250 NSIP Cash										
Sub-total IDA										
<b>Resources - Non-IDA</b>										
280 Federal Non-IDEA	GO	GO	GO							
290 State Non-IDEA	GO	GO	GO							
300 Local Public Funds	GO	GO	GO							
310 Other Local Cash	GO	GO	GO							
320 Non-Cash	GO	GO	GO							
330 Pgm Inc IIIB Supportive Svcs										
340 Pgm Inc IIIC(1) Cong Meals										
350 Pgm Inc IIIC(2) HD Meals										
363 Pgm Inc IIIE Caregiver Support	GO	GO	GO							
365 Prog Inc IIID Preventive Health										
370 Program Income Other	GO	GO	GO							
Sub-total Non-IDA										
<b>Total Resources</b>										
Total Cash										

Revised 12/2015



**REALLOCATION OF STATE & FEDERAL FUNDS FORM****SFY 2017 Reallocation of State & Federal Funds Form / Due Date: April 22**

Area Agency \_\_\_\_\_ Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following form so that the reallocation of unexpended funding may occur minimizing the possible return of funding to grantor agencies.

- Released funding requires only the funding source (1) and amount (2).
- Requested funding requires all data elements and must be expended for the service (4) identified with the request. Refer to the reporting Manual regarding the allowable expenditure of funding for a service in a reporting cluster.
- Entry of requested funding should be sorted by Funding Source (1), then Reporting Cluster (3), then Service Provided (4).
- If no funding is released or requested, please check this check box: ☐

(1)  Funding Source (e.g. 110: Elderly Services General)	(2)  Amount (Released)/ Requested [ (\$\$) / \$\$ ]	(3)  Reporting Cluster (e.g. General Aging)	(4)  Additional Service Provided (e.g. 01: Personal Care)	(5)  Clients Served (#)	(6)  Units Provided (#)

Revised 6/10

## FISCAL DEFINITIONS

**Accrued Expenditures.** Cash Distributions for direct changes for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received; services performed by employees, contractors, sub recipients and other payees; and other amounts becoming owed under programs for which no current services or performance are required.

**Accrued Revenues.** Earnings during a given period from services performed by the recipient; goods and other tangible property delivered to purchasers; and amounts becoming owed to the recipient for which no current services or performance is required by the recipient.

**Administration.** State appropriated funds to the Iowa Department on Aging for Area Agency on Aging administration.

**Administration Cost.** A cost of providing overall leadership, direction, and support for the Area Agency on Aging. It includes the cost for such activities as agency management, policy and plan development, budgeting, bidding, contract negotiation, reporting, accounting, auditing, monitoring, and quality assurance.

**Allocable Costs.** A cost is allocable to a particular cost or objective, such as a grant, contract, project, service or other activity, in accordance with the relative benefits received. A cost is allocable to an award if it is treated consistently with other costs incurred for the same purpose in like circumstances and if it: (1) Is incurred specifically for the award; (2) Benefits both the award and other work and can be distributed in reasonable proportion to the benefits received; or (3) Is necessary to the overall operation of the organization, although a direct relationship to any particular cost objective cannot be shown. Determination of costs and the benefits received are the responsibility of the Area Agency and must remain consistent with the terms of the grant agreement.

**Carryover.** Grant related funds not expended for goods or services received by the last day of the budget fiscal year which can be requested for use in the next budget fiscal year.

**Contractually Linked.** The inclusion of expenditures from whatever source into a written contract such that their exclusion would constitute a breach of contract terms.

**Direct Costs.** Direct costs are those that can be specifically identified with a particular final cost objective (i.e., a particular award, project, service, or other direct activity of an organization).

**Elder Abuse Prevention and Awareness Program (EAPAP).** State appropriated funds to the Iowa Department on Aging for the Elder Abuse Prevention and Awareness Program.

**Elderly Services.** State appropriated funds to the Iowa Department on Aging for Elderly Services Programs to include the specific appropriations for Case Management funding.

**Equipment.** Includes any single unit item costing \$5,000.00 or more, with an anticipated life of one or more years. A permanent record and identification of purchased equipment must be maintained.

**Equivalent Support.** In-kind contribution of services, goods, volunteer support, or other support reasonably determined by the Department as equivalent to a dollar amount.

**Federal (Non-IDA).** Funds from other Federal agencies such as Housing and Urban Development that are included in the Area Agency budget but do not pass through the Department.

**Indirect Costs.** Indirect costs are those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective.

**Local Match.** Cash and the fair market value of non-cash third party in-kind contributions made available by local sources (e.g. local public funds, other local cash, and program income) to support the grantee share of project or program expenditures.

**Local Public Funds.** Funds generated from taxes established by local taxing bodies such as County Boards of Supervisors, City Councils, and Area Community Colleges.

**Match.** Cash and the fair market value of non-cash third-party in-kind resources used to support the grantee share of project or program expenditures.

**Non-Cash.** The fair market value of all third-party in-kind resources such as donated equipment, space, supplies and services of individuals etc.

**NSIP Cash.** Nutrition Services Incentive Program which provides food assistance through the election of cash instead of commodities.

**NSIP Commodities.** Nutrition Services Incentive Program which provides food assistance through commodities.

**Other Costs.** Includes all of the costs not identifiable to other line items. If the Area Agency does not contract for printing, attorney fees, data processing, etc., such costs should be included in this category. Other costs may be postage, dues and memberships, subscriptions, advertising, agency brochure, etc.

**Other Local Cash.** Funds from charitable organizations, such as United Way, private foundations, gifts, bequests, and donations from individuals.

**Percent of Total Service Expenditures.** The portion of total service expenditures for the year that is covered by the Federal portion of the Older Americans Act funding.

**Personnel and Fringe Benefits.** Includes the salaries and wages for directors, staff, support and clerical personnel. Fringe benefits include but are not limited to FICA benefits, workman's compensation, unemployment, health, life and disability insurance and retirement.

**Premise Expense.** Includes the cost of office support, maintenance, custodial services, utilities, telephone, insurance, and other expenses in maintaining an office space.

**Priority Services.** Service areas of Access, In-Home and Legal which require minimum expenditures of Title IIIB funding.

**Prior Receipts (IDA).** Funding balances received during the previous fiscal year but not earned until the current fiscal year (deferrals).

**Prior Receipts (Non-IDA).** Funding balances earned during the previous fiscal year.

**Program Cost.** A cost incurred by an area agency in managing and delivering services, including salary, fringe, travel, training, personnel costs, equipment, supplies, and non-personnel expenses of service delivery.

**Program Income or Project Income or Contributions.** Grant related income or gross income earned by a grantee or its subcontractors from activities, part or all of the cost of which is borne as a direct cost by a grant, or counted as a direct cost toward meeting a cost sharing or matching requirement of a grant, such as fees or participant contributions for services performed during the grant or sub-grant period, proceeds from the sale of tangible property, usage or rental fees, and patent or copyright royalties. All Title III program income sources do not qualify as Match.

**Raw Food Costs.** Includes the cost of raw food, storage and freight for USDA commodities and locally purchased food.

**State (Non-IDA).** Funds from other State agencies such as the Iowa Department of Transportation that are included in the Area Agency's budget but do not pass through the Department.

**Supplies.** Includes all general supplies and single unit item purchases not meeting the definition of equipment.

**Title IIIB.** Title III of the Older Americans Act for grants to State and community programs on aging, part B, of the Act for Supportive Services.

**Title IIIC(1).** Title III, part C, subpart I of the OAA for Congregate Nutrition Meals.

**Title IIIC(2).** Title III, part C, and subpart 2 of the OAA for Home-Delivered Nutrition Services.

**Title IIID.** Title III, part D, of the OAA for Preventive Health Services.

**Title IIIE.** Title III, part E, of the OAA for the National Family Caregiver Support Program.

**Total Service Expenditures.** Expenditures for the service “contractually linked” to State or Federal funds received from the Department by area agencies through contract or grant funds include match resources, overmatch, program income or other State and Federal program funds.

**Travel and Meetings.** Includes the travel and meeting expenses for in-state and out-of-state meetings required for the successful and proper management of the delivery system, and meetings to enhance the skills of the staff.

## Chapter Five: Program Report Instructions & Forms

### CASE MANAGEMENT PROGRAM FOR FRAIL ELDERLY (CMPFE) REPORTING INSTRUCTIONS

The following consumer data must be received by the Department no later than the 22<sup>nd</sup> of each month for the previous month for each Case Management Program for Frail Elders (CMPFE) consumer in a format approved by the Department:

1. Detailed Consumer Profile
2. CMPFE Referral Date
3. CMPFE Referral Source
4. CMPFE Admit Date
5. CMPFE Elderly Waiver Status
6. CMPFE Discharge Date
7. CMPFE Discharge Reason

**CMPFE Referral Date.** Date consumer was referred to the CMPFE program.

**CMPFE Referral Source.** Source of CMPFE program referral as defined as one of the following:

Spouse	Agency
Child	Doctor
Sibling	DHS
Friend	ADRC
Other	Unknown

**CMPFE Admit Date.** Date consumer was admitted to the CMPFE program.

**CMPFE Discharge Date.** Date consumer was discharged from the CMPFE program.

**CMPFE Discharge Reason.** Reason the consumer as discharged from the CMPFE program as defined as one of the following:

Institutionalized	Death
Request Termination	Rehabilitated/No Longer Needs CMPFE
Moved	Refused Services
Needs Cannot Be Met	Refused to Provide Information

**CMPFE Elderly Waiver Status.** CMPFE consumer elderly waiver status defined as “Yes” or “No”.

## **ELDER ABUSE PREVENTION AND AWARENESS PROGRAM (EAPA) REPORTING INSTRUCTIONS**

The Elder Abuse Prevention and Awareness Program reports will demonstrate the number of EAPA consumers served, the results of EAPA consultations and EAPA assessment & intervention cases, types of abuse requiring intervention, referrals to partner agencies, the population being served, and all OAA and EAPA services the EAPA consumer receives. This information will be used to identify areas which may require policy or procedural change. Through this report, Iowa will obtain the information necessary to develop a strong and effective elder abuse prevention and awareness network for older Iowans.

**Quarterly Report.** Each agency's Elder Rights Specialist must ensure that the following information is collected and entered accurately into the required program and service reporting system no later than the 22nd of each month for the previous month:

- IDA Aging & Disability Network Consumer Intake Form for each EAPA consumer receiving a registered service.
- EAI Program Event data for EAPA Consultation and EAPA Assessment & Intervention services (see below).
- EAPA Training and Education service information (consumer and unit).

The IDA Elder Abuse Prevention and Awareness Program Manager will retrieve report data for each agency on the report's due date.

### **EAI Program Event Data - Overview**

#### **Referral Information**

EAPA Referral Date  
EAPA Referral Source

#### **Consultation Information**

EAPA Consult Date  
EAPA Consult Length  
EAPA Consult Outcome

#### **Assessment & Intervention Case Information**

EAPA Admit Priority	EAPA Assessment Date
EAPA Discharge Date	EAPA Assessment Type
EAPA Discharge Reason	EAPA Intervention Type
EAPA Discharge To	

## Iowa Department on Aging – EAPA Service Form

Complete this form for individuals referred to Elder Abuse Prevention and Awareness (EAPA) Program only.

Date Completed: \_\_\_\_\_

Consumer LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

### REFERRAL INFORMATION

Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Referral Source:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Case Management               | <input type="checkbox"/> Family                   | <input type="checkbox"/> Options Counselor |
| <input type="checkbox"/> Community Provider            | <input type="checkbox"/> Family Caregiver Program | <input type="checkbox"/> Self              |
| <input type="checkbox"/> Dept. of Human Services       | <input type="checkbox"/> Friend                   | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Dept. of Inspection & Appeals | <input type="checkbox"/> Law Enforcement          |  |
| <input type="checkbox"/> Elder Rights Specialist       | <input type="checkbox"/> LifeLong Links           |  |

### CONSULTATION INFORMATION

Consult Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Consult Length (Minutes) \_\_\_\_\_

#### Consult Outcome:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> EAPA Assessment & Intervention  | <input type="checkbox"/> Consumer will Self-Advocate          | <input type="checkbox"/> Refused Assistance       |
| <input type="checkbox"/> Refer: Case Management          | <input type="checkbox"/> Refer: Family Caregiver Program      | <input type="checkbox"/> Refer: Options Counselor |
| <input type="checkbox"/> Refer: Dept. of Human Services  | <input type="checkbox"/> Refer: Dept. of Inspection & Appeals |   |
| <input type="checkbox"/> Refer: Community Provider       | <input type="checkbox"/> Refer: Law Enforcement               | <input type="checkbox"/> Refer: OSDM              |
| <input type="checkbox"/> Refer: Legal Services / Hotline | <input type="checkbox"/> Other                                |   |

### ASSESSMENT & INTERVENTION INFORMATION

Admit Priority: ☐ 1 ☐ 2 ☐ 3 Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type: ☐ Single ☐ Joint

#### Intervention Type (May pick more than one):

- |   |  |                                       |                                |
|---|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Financial Exploitation | <input type="checkbox"/> Physical Abuse      | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Other |
| <input type="checkbox"/> Neglect                | <input type="checkbox"/> Psychological Abuse | <input type="checkbox"/> Self Neglect |                                |

Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Discharge Reason:

- ☐ Services No Longer Needed
- ☐ Client Moved out of Area
- ☐ Client Moved into Facility
- ☐ Termination Requested
- ☐ Client Unwilling or Unable to Meet Terms
- ☐ Refused to Provide Information
- ☐ Risk of Harm to Provider
- ☐ Other

#### Discharge To:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Assisted Living Program  | <input type="checkbox"/> OSDM         |
| <input type="checkbox"/> Case Management          | <input type="checkbox"/> LTC Facility |
| <input type="checkbox"/> Community Provider       | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Family                   | <input type="checkbox"/> None         |
| <input type="checkbox"/> Family Caregiver Program |                                       |
| <input type="checkbox"/> Friend                   |                                       |
| <input type="checkbox"/> Legal Services / Hotline |                                       |
| <input type="checkbox"/> Options Counselor        |                                       |



## Referral Information

**EAPA Referral Date.** Date consumer was referred to the EAPA program.

**EAPA Referral Source.** Identifies the source from which the consumer was referred to the EAPA program. Referral options are:

Case Management	Family Caregiver Program
Community Provider	Friend
Dept of Human Services	Law Enforcement
Dept of Inspection & Appeals	LifeLong Links
Elder Rights Specialist	Options Counselor
Family	Self
	Other

## Consultation Information

**EAPA Consult Date.** Date of consumer EAPA consultation.

**EAPA Consult Length.** Length of time of EAPA consultation in minutes.

Note: The unit of measure for the EAPAP Consultation service is one hour. To determine the number of units to report for services with a 1 hour unit measure, calculate the total time in minutes spent with a consumer during the reporting period and divide by 60 minutes. Use standard rounding rules on the result to determine the number of hours (units) to report.

**EAPA Consult Outcome.** Identifies the outcome of the EAPA consultation. Outcome options are:

EAPAP Assessment & Intervention	Refer: Family Caregiver Program
Consumer will Self-Advocate	Refer: Law Enforcement
Refused Assistance	Refer: Legal Services / Hotline
Refer: Case Management	Refer: Options Counselor
Refer: Community Provider	Refer: OSDM
Refer: Dept. of Human Services	Other
Refer: Dept. of Inspection & Appeals	

## Assessment & Intervention Information

**EAPA Admit Priority.** Priority of EAPA Admit as defined as one of the following:

- 1 - Priority 1.** The at-risk older individual's health or safety is in immediate danger, and the individual requires immediate intervention. The contractor shall contact appropriate agencies such as the department of human services, emergency medical services, and law enforcement. A face-to-face visit with the at-risk older individual and completion of the assessment form shall occur after the life-threatening situation is resolved and within one (1) business day.

**2 - Priority 2.** The at-risk older individual's health or safety is not in immediate danger, but the risk is real and foreseeable in the future. A face-to-face visit with the at-risk older individual and completion of the assessment shall be made within four (4) working days.

**3 - Priority 3.** The at-risk older individual's health or safety is not in immediate danger, but there is potential risk for abuse, neglect, self-neglect, or exploitation. Contact with the at-risk older individual is required within ten (10) working days.

**EAPA Assessment Date.** Date of EAPA program consumer assessment.

**EAPA Assessment Type.** Type of EAPA program consumer assessment as defined as one of the following:

**Single** - Elder Rights Specialist completed the assessment alone.

**Joint** - Elder Rights Specialist completed the assessment with DHS staff.

**EAPA Intervention Type.** Type of intervention required for the EAPA program consumer. More than one intervention type may be selected. Intervention types are:

Financial Exploitation

Sexual Abuse

Neglect

Self Neglect

Physical Abuse

Other

Psychological Abuse

**EAPA Discharge Date.** Date consumer was discharged from the EAPA program.

**EAPA Discharge Reason.** Reason the consumer was discharged from the EAPA program.

Discharge reasons are:

Services No Longer Needed

Client Unwilling or Unable to Meet Terms

Client Moved out of Area

Refused to Provide Information

Client Moved into Facility

Risk of Harm to Provider

Termination Requested

Other

**EAPA Discharge To.** Identifies the provider, service, or organization to which the EAPAP consumer was referred following discharge from the EAPA program. Discharge options are:

Assisted Living Program

Legal Services / Hotline

Case Management

LTC Facility

Community Provider

Options Counselor

Family

OSDM

Family Caregiver Program

None

Friend

Other

## **ANNUAL ELDER ABUSE PREVENTION AND AWARENESS REPORT FORM**

An annual report is due to IDA by **July 22** of the reporting fiscal year. The year-end report is a narrative summary that identifies the activities and accomplishments that occurred during the fiscal year.

**For State Fiscal Year (July 1-June 30):**

**Area Agency on Aging:**

- I. Collaboration and system development (activities with case managers, options counselors, family caregiver specialists, physicians, law enforcement, county attorneys, DHS, domestic violence agencies, long term care facilities, multidisciplinary teams (MDTs), community service providers, and other stakeholders).
- II. Identify:
  - a. System barriers encountered and methods used to overcome the barriers:
  - b. System barriers that have not been overcome:
  - c. System Limitations:
- III. Identify lessons learned:
- IV. What are the three (3) most frequently identified issues (abuse categories) addressed by the Elder Rights Specialist?
  - 1.
  - 2.
  - 3.
- V. What strategies do you currently have in place to address those issues?
- VI. What strategies do you plan to implement in the future to address those issues?
- VII. Identify potential or real barriers to your proposed strategies.
- VIII. What additional assistance is needed from the Department on Aging?
- IX. Other Comments

### **TITLE IIIB LEGAL ASSISTANCE REPORTING INSTRUCTIONS**

The goal of the legal assistance report is to develop a system that shows the types of legal problems older individuals are having, the population being served, the kinds of services being provided, the manner in which problems are being resolved and identify areas which are in need of policy change. Through this report, Iowa will obtain the information necessary to develop a strong and effective legal assistance network for older Iowans. The Agency's Legal Services Provider must complete the forms and submit electronically to the Department by established due dates.

## QUARTERLY TITLE IIIB LEGAL ASSISTANCE REPORT FORM

### Submitted for the Reporting Period:

☐ Quarter 1 (July-Sept) ☐ Quarter 2 (Oct-Dec) ☐ Quarter 3 (Jan-March) ☐ Quarter 4 (Apr-June)

**Area Agency on Aging:**

**Provider:**

**Counties Served by Contract:**

**1. Units of Service** (1 unit = 1hour of service):

**2. Number of Estimated, Unduplicated Clients Served:**

**3. Emerging Issues:**

Enter a brief narrative description of emerging legal issues.

**4. Semi-Annual Outcome Reporting (Legal Service Narrative)** -- To be completed twice a year at a minimum (January and July). When completed, please submit this narrative with the quarterly report forms.

Enter the required semi-annual outcome narrative report.

**5. Total Contributions Received by Provider from Clients:** .

**6. Cost of Service per Hour:** .

**7. Total Cost of Service this Quarter:** .

**8. Total Match Dollars for this Quarter:** .

I certify that the above information is true and accurate.

Signature: \_\_\_\_\_

Executive Director

Date:

## Quarterly Legal Assistance Report Form Field Definitions

**Reporting Period.** The Reporting Period is the three-month period in which services were provided. Three-month quarters are set according to the state fiscal year, starting July 1 and ending June 30 (Quarter 1 is July through September; Quarter 2 is October through December; Quarter 3 is January through March; and Quarter 4 is April through June).

**Area Agency on Aging.** Enter the name of the Area Agency on Aging providing the Title IIIB contracted funds for the Legal Assistance service.

**Provider.** Enter the name of the agency contracted to provide the Legal Assistance service.

**Counties Served by Contract.** Enter all of the county names in which the provider agency is offering the Legal Assistance service.

1. **Units of Service.** Enter the total number of service units provided this reporting period. Provision of one hour of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. One hour of service equals one service unit.
2. **Number of Estimated, Unduplicated Clients Served.** Enter the total number of individuals who received assistance from the legal assistance provider once a case is opened. An eligible individual/client is a person 60 years of age or older, targeting those in greatest economic and/or social need. Use this field to report the total number of individuals served, not the number of cases per person.
3. **Emerging Issues** - Use this space to describe any activities, issues of concern, impact work, etc. that is not listed anywhere else on the report form.
4. **Outcome Reporting (Narrative)** - Use this space to give a short summary of at least two cases on which the legal services provider has worked during the report period. Cases reported can be either examples of typical cases taken or cases that have a special significance. This space can also be used to give updates on previously reported cases.

This section should also include outcome reporting and other information on how any client benefited or improved his or her situation as a result of the legal assistance, either monetarily or through prevention. Examples of outcomes persons may receive through Title IIIB legal assistance are: Home, Economic Stability, Health Care, Family and/or Autonomy.

**Home** - Maintained or improved the stability and quality of housing for client

**Economic Stability** - Maintained or increased the income of the client or provided access to public benefits to the client.

**Health Care** - Ensured that client received the care to which they are entitled.

**Family** - Assisted client in maintaining chosen family relationships. Assisted victims of Elder Abuse in achieving safety.

**Autonomy** - Assisted client to maintain independence, their rights and control of their life and/or finances.

In regard to outcome reporting, information provided can apply to any and all clients served. Information provided relating to outcomes is not limited to those client summaries given in the narrative.

The narrative must be completed in **January** and **July**; however, a narrative report can be provided each quarter to share successes or concerns over policy areas. Please do not use client's real names. For consistency, use the client's first name and first letter of the last name.

5. **Contributions Received by Provider from Clients.** Enter the total dollar amount of client contributions received. Client contributions to the cost of the service must be voluntary.
6. **Cost of Service per Hour.** Enter the total dollar amount for the cost of the service hour.
7. **Total Cost of Service this Quarter.** Enter the total dollar amount for the cost of the service for this reporting period (cost of service per hour\*number of units).
8. **Total Match Dollars for this Quarter.** Enter the total dollar amount of matching funds (local cash or value of in-kind services). Federal funds, other than funds from the Legal Services Corporation, cannot be used to match federal funds.

**Executive Director Signature.** The Executive Director of the provider agency must sign the submitted report. An electronic or scanned signature for electronic transmission is acceptable.

## ANNUAL TITLE IIIB LEGAL ASSISTANCE REPORT FORM

**For State Fiscal Year (July 1-June 30):**

**Area Agency on Aging:**

**Provider:**

**Counties Served by Contract:**

**1. Units of Service** (1 unit = 1hour of service):

**2. Number of Estimated, Unduplicated Clients Served:**

- a. Total of line 2 with greatest economic need
- b. Total of line 2 with greatest social need
  - i. Limited English Proficiency
  - ii. Minorities
    1. American Indian or Alaskan Native
    2. Asian
    3. Black or African American
    4. Native Hawaiian or  
Other Pacific Islander
    5. Other
  - iii. Hispanic or Latino
  - iv. Disability
- c. Age groups for unduplicated clients:
  - i. 60-74
  - ii. 75 +

**3. Community Education Presentations**

(Unit=1 session; # served=estimated number in attendance)

- a. Unit(s) of service:
- b. Number of persons served:
- c. Topics discussed: Enter topics addressed during presentations

**4. Emerging Issues:**

Enter a brief narrative description of emerging legal issues.

**5. Unmet Needs** – Number of clients, estimated number of hours, and types of cases with unmet needs.

- a. Number of Clients:
- b. Estimated Number of Hours:
- c. Types of cases with unmet needs: Enter a brief description of the types of unmet needs cases.

**6. Types of Cases Handled and Level of Service Provided** – Report detailed information on the types of cases and level of service provided in the attached Legal Assistance Cases Handled and the Level of Service Provided form.

I certify that the above information is true and accurate.

Signature: \_\_\_\_\_  
Executive Director

Date:



## Legal Assistance Case Handled and Level of Service Form

For State Fiscal Year (July 1-June 30):

Types of Cases Handled	Counsel and Advice	Brief Service	Referred	Insufficient Merit	Client Withdrew	Settled without Litigation	Settled with Litigation	Administrative Decision	Court Decision	Other	Total
<b>Consumer Finance</b>											
01 Bankruptcy											
02 Collection											
03 Contracts											
04 Credit											
05 Pred. Lending											
06 Loans											
07 Utilities											
08 Unfair sales											
09 Other											
<b>Employment</b>											
21 Discrimination											
22 Wage Claims											
24 Taxes											
29 Other											
<b>Family</b>											
31 Visitation											
32 Divorce											
33 Guardianship											
34 Name Change											
37 Abuse											
38 Support											
39 Other											
<b>Health</b>											
51 Medicaid											
52 Medicare											
54 Home Care											
55 Private Insurance											
56 LTC Facilities											
59 Other											

## Legal Assistance Case Handled and Level of Service Form

For State Fiscal Year (July 1-June 30):

Types of Cases Handled	Counsel and Advice	Brief Service	Referred	Insufficient Merit	Client Withdrew	Settled without Litigation	Settled with Litigation	Administrative Decision	Court Decision	Other	Total
Housing											
61 Rights											
62 Homeowners											
63 Landlord/Tenant											
64 Public Housing											
67 Foreclosure											
69 Other											
Income Maintenance											
72 Social Security											
73 Food stamps											
75 SSI											
76 Unemployment											
77 Veterans Benefits											
78 State & Local											
79 Other											
Individual Rights											
81 Immigration											
82 Mental Health											
84 Disability											
85 Civil Rights											
89 Other											
Miscellaneous											
92 Indian/Tribal											
93 License											
95 Wills/Estates											
96 POA											
99 Other											
TOTAL											

See form instructions for a more in depth discussion of types of cases handled and the legal problem codes as well as level of service.

## Annual Legal Assistance Report Form Field Definitions

**Reporting Period.** The Reporting Period for the annual report is the state fiscal year, starting July 1 and ending June 30.

**Area Agency on Aging.** Enter the name of the Area Agency on Aging providing the Title IIIB contracted funds for the Legal Assistance service.

**Provider.** Enter the name of the agency contracted to provide the Legal Assistance service.

**Counties Served by Contract.** Enter all of the county names in which the provider agency is offering the Legal Assistance service.

- 1. Units of Service.** Enter the total number of service units provided this reporting period. Provision of one hour of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. One hour of service equals one service unit.
- 2. Number of Estimated, Unduplicated Clients Served.** Enter the total number of individuals who received assistance from the legal assistance provider once a case is opened. An eligible individual/client is a person 60 years of age or older, targeting those in greatest economic and/or social need. Use this field to report the total number of individuals served, not the number of cases per person.

Please also provide data on minority status, age and whether the client is in greatest economic or social need. (See the Older Americans Act definitions below.)

**a. Greatest Economic Need:** Means the need resulting from an income level at or below the poverty level. Enter the total number of individuals whose income level is at or below the poverty level.

**b. Greatest Social Need:** Means that need caused by non-economic factors which include physical and mental disabilities, language barriers, and cultural, social or geographical isolation caused by racial or ethnic status, that either: (i) restricts the ability of the individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. Enter the total number of individuals who have one or more of the characteristics listed below (i-v). (Note that the total number entered is not necessarily a total of individuals listed in field i through v.)

- i. Limited English Proficiency.** Enter the total number of individuals served who have limited English proficiency.

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

- ii. Residing in Rural Community.** Enter the total number of individuals served who living in a rural community.

A rural community is a community in an area not defined as urban.( Urban means persons/territories that live inside Urbanized Areas (UAs) of 50,000 or more people or Urban Clusters (UCs) of at least 2,500 and less than 50,000 people.)

- iii. Minorities.** Enter the total number of individuals served who are minorities.

The following reflects the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the “two-question format”. When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:

Race: American Indian or Alaskan Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Ethnicity: Hispanic or Latino

- iv. **Hispanic or Latino.** Enter the total number of individuals served who identify as Hispanic or Latino.
- v. **Disability.** Enter the total number of individuals served who have a disability.

In the OAA, means (except when such term is used in the phrase “severe disability,” “developmental disabilities,” “physical and mental disability,” “physical and mental disabilities,” or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental or physical impairments, that results in substantial functional limitations in one or more of the following areas of major life activity: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency, (8) cognitive functioning, and (9) emotional adjustment.

**c. Age Groups.** Enter the number of individuals served according to these age groups.

- i. **60 – 74.** Enter the number of individuals served aged 60 to 74 years.
- ii. **75+.** Enter the number of individuals served aged 75 years or older.

**3. Community Education Presentations.** If the legal services provider receives funding to provide this service, provide the following information:

- a. Units of Service.** Enter the total number of presentation sessions given.
- b. Number of Persons Served.** Enter the total estimated number of persons in attendance for presentations. Handouts from the presentation can be attached to this report.
- c. Topics Discussed.** Enter a brief description or list of topics discussed at presentations.

**4. Emerging Issues** - Use this space to describe any activities, issues of concern, impact work, etc. that is not listed anywhere else on the report form.

**5. Unmet Needs.**

- a. Number of Clients.** Enter the total number of clients whose legal needs could not be met under this service.
- b. Estimated Number of Hours.** Enter the total estimated number that would need to be spent to meet the client's needs.
- c. Types of Cases with Unmet Needs.** Enter a brief description of the types of cases for which client needs could not be met with this service.

## **6. Types of Cases Handled and Level of Service Provided.**

Use the following information to complete the **Legal Assistance Case Handled and Level of Service Form**.

Please identify the types of cases handled by the following legal problem codes.

### **Consumer/Finance**

- 01 Bankruptcy/Debtor Relief
- 02 Collection Practices (includes repossession, garnishment)
- 03 Contracts/Warranties
- 04 Credit Access (includes credit card issues)
- 05 Predatory Lending (includes mortgages, payday loans, and car title loans)
- 06 Loans/Installment Purchases
- 07 Public Utilities
- 08 Unfair & Deceptive Sale Practices (includes home repair and telemarketing scams)
- 09 Other Consumer Finance

### **Employment**

- 21 Job Discrimination or Age Discrimination
- 22 Wage Claims
- 24 Taxes (includes property, income and property tax credits)
- 29 Other Employment Issues

### **Family**

- 31 Custody/Visitation (Grandparents)
- 32 Divorce/Separation/Annulment
- 33 Guardianship/Conservatorship
- 34 Name Change
- 37 Spouse Abuse/Elder Abuse & Exploitation
- 38 Support
- 39 Other Family

### **Health**

- 51 Medicaid, such as Spousal Impoverishment issues and Miller Trust
- 52 Medicare
- 54 Home and Community Based Care (includes waiver denial, caregiver issues)
- 55 Private Health Insurance
- 56 Long-term Care Facilities (includes Assisted Living or Nursing Facility concerns, discharges, admission contracts, quality of care, access and transfer issues)
- 59 Other Health

### **Housing**

- 61 Federally Subsidized Housing Rights (includes Evictions, Rent Disputes)
- 62 Home Ownership/Real Property (includes Property Taxes)
- 63 Landlord/Tenant (other than Public Housing)
- 64 Other Public Housing
- 67 Foreclosure
- 69 Other Housing

### **Income Maintenance**

- 72 Social Security
- 73 Food Stamps/Commodities
- 75 SSI
- 76 Unemployment
- 77 Veterans Benefits
- 78 State & Local Income Maintenance (includes General Relief)
- 79 Other Income Maintenance

### **Individual Rights**

- 81 Immigration/Naturalization
- 82 Mental Health
- 84 Disability Rights
- 85 Civil Rights (includes Age Discrimination)
- 89 Other Individual Rights

### **Miscellaneous**

- 92 Indian/Tribal Law
- 93 License (Auto or other)
- 95 Wills/Estates
- 96 Powers of Attorney/Advance Directives (includes general/financial Powers of Attorney, Durable Power of Attorney for Healthcare and Living Wills)
- 99 Other Miscellaneous

### **Level of Service (Case Closing Category)**

Complete this information in only those instances where a Case File has been opened.

- a. **Counsel and Advice** - A case closed as the result of the provision of advice to the client to address a legal problem, e.g., the review of relevant information and counseling of the client on action(s) to take to address a legal problem. This differs from representation. **Representation**-if the client's problem requires more than advice and counsel and the legal assistance provider determines it is necessary to represent the person in order to achieve a solution to a legal problem. The case is not referred to another source but taken on by the legal assistance provider.
- b. **Brief Services (other than Counsel and Advice)** - A case closed as a result of an action taken at or within a few days or weeks of intake on behalf of an eligible client, e.g., the preparing of a short letter, the making of a telephone call, or the preparation of a routine legal document such as a simple will.
- c. **Referred after Legal Assessment** - A case closed in the course of providing assistance because the client is referred outside the program (e.g., to a social service agency, aging network or insurance counseling or tax assistance program) because information in the case indicates that the program should not handle the case, or that the client would be better served by a referral outside the program.
- d. **Insufficient Merit to Proceed** - A case closed after an applicant has been accepted as a client because new facts or circumstances arise or become apparent leading to the conclusion that there is an insufficient basis, in law or fact, to pursue the case.
- e. **Client Withdrew or Did Not Return** - A case closed because the client failed to return to the program during the course of representation and could not be contacted. This category also includes case closures where the client decides not to proceed with the case, e.g., a client in an eviction case decides to move out instead of proceeding with legal action.
- f. **Negotiated Settlement without Litigation** - A case closed through negotiation prior to the initiation of court or administrative action.
- g. **Negotiated Settlement with Litigation** - A case closed through negotiation during a court or administrative action, e.g., the resolution of a dispute after an action has been filed.

- h. **Administrative Agency Decision** - A case closed as a result of an action taken by an administrative agency or body, e.g., a welfare department or ALJ decision.
- i. **Court Decision** - A case closed as a result of an action by a court.
- j. **Other** - A closed case that does not fit any of the preceding case closure categories. Cases in which there is no opposing party but in which services provided are too extensive to fit into the brief service category, such as the preparation of a complex contract or complex durable power of attorney for health care may be closed in this category. Cases which fit two or more categories may not be closed in this category, but should be closed in the category which best reflect the level of service provided.

**Executive Director Signature.** The Executive Director of the provider agency must sign the submitted report. An electronic or scanned signature for electronic transmission is acceptable.

## Chapter Six: Service Planning and Consumer Data Collection Performance Reporting

### SERVICE PLANNING PERFORMANCE

IDA reviews each agency's consumer and unit data for potential data quality issues and for progress toward achieving service projections. In addition, staff will review mandatory service data to determine service provision to older individuals who are low income, minority, and/or living in rural areas in relation to their representation in the planning and service area.

**Service Projection Targets.** IDA staff will review quarterly data with the following targets in mind:

- At least 90% of consumers projected to receive the service actually receive the service.
- At least 90% of units projected to be provided are actually provided.
- Services to older individuals who are low income, minority, and/or living in rural areas are in proportion to their representation in the service area.

**Service Data Tables.** The following tables will be completed each quarter and provided to the agency for review and follow-up.

**Table 1: (1) Percent of Projected 3A-1 Consumers Served and (2) Percent of Projected 3A-1 Units of Service Provided to Consumers**

Mandatory Service	Consumers / Units	3A-1 Projected Goal	Quarter 1 July to Sept 2014 Actual	% Of Goal Met	Quarter 2 July to Dec 2014 Actual	% of Goal Met	Quarter 3 July 2014 to March 2015 Actual	% of Goal Met	Quarter 4 July 2014 to June 2015 Actual	% of Goal Met
Case Management	# Consumers			%		%		%		%
	# Units			%		%		%		%
Congregate Meals	# Consumers			%		%		%		%
	# Units			%		%		%		%
Health Promotion and Disease Prevention	# Consumers			%		%		%		%
	# Units			%		%		%		%
Home Delivered Meals	# Consumers			%		%		%		%
	# Units			%		%		%		%
Information & Assistance	# Consumers			%		%		%		%
	# Units			%		%		%		%
Legal Assistance	# Consumers			%		%		%		%
	# Units			%		%		%		%
Nutrition Counseling	# Consumers			%		%		%		%
	# Units			%		%		%		%
Nutrition Education	# Consumers			%		%		%		%
	# Units			%		%		%		%
Options Counseling	# Consumers			%		%		%		%
	# Units			%		%		%		%



**Table 2: Percent of Targeted Population Served**

Mandatory Service	Total Consumers served - YTD	60+ Rural Served - YTD	% 60+ Rural Served YTD	% 60+ Rural in AAA Region	60+ Minority Served YTD	% 60+ Minority Served YTD	% 60+ Minority in AAA Region	60+ Minority - Poverty Served YTD	% 60+ Minority Poverty Served YTD	% 60+ Minority Poverty in AAA Region	60+ Poverty Served - YTD	% 60+ Poverty Served - YTD	% 60+ Poverty in AAA Region
Case Management													
Congregate Meals													
Health Promotion													
Home Delivered Meals													
Information & Assistance													
Legal Assistance													
Nutrition Counseling													
Nutrition Education													
Options Counseling													

Demographics of consumers served data will be compared to total 60+ individuals, 60+ individuals who are minorities, 60+ individuals who are minorities and income below poverty, 60+ individuals with income below poverty, and 60+ individuals living in a rural area in the agency's planning and service area. Agencies may use data provided on <https://www.iowaaging.gov/area-plan-aging-sfy-2016-2017> to obtain county level information of total estimated population by demographic groups listed above and the number of individuals in those demographic groups served by the agency.

## CONSUMER DATA COLLECTION PERFORMANCE

IDA will also review the percentage of consumers who complete an *Aging & Disability Network Consumer Intake Form* once during the state fiscal year in which they receive a congregate meal and/or another registered service.

Instructions for completing the *Aging and Disability Network Intake Form*

- AAA meal site staff will use the *Aging and Disability Network Intake Form* to register congregate meal consumers.
  - The form is located in the Reporting Manual and posted on the Department's web site.
  - Complete the form in its entirety and date the form.

**Note:** For Information and Assistance, AAAs are only required to collect consumer demographic information.

- The content of the form must remain intact. Do not alter the form or its contents in any way.
- AAA staff will enter data from the intake form in the required program and service reporting system.
- Department staff will retrieve the entered data from IAPRS and SAMS.

**Consumer Registration Target.** IDA staff will review quarterly data with the following target in mind:

- At least 90% of consumers complete an Aging and Disability Network Intake Registration Form once during the state fiscal year in which they receive a congregate meal and/or another registered service

**Consumer Data Collection Table.** The following tables will be completed each quarter and provided to the agency for review and follow-up.

**Table 3: Percent Completing Intake Form**

Mandatory Service Congregate Meal Consumers Forms Completed % of Consumers Registered	1st Quarter July to Sept 2016 Actual		2nd Quarter July to Dec 2016 Actual		3rd Quarter July 2016 to March 2017 Actual		4th Quarter July 2016 to June 2017 Actual
# Consumers							
# of Forms Completed							
% of Consumers Registered							

#### **SERVICE PLANNING AND DATA CONSUMER COLLECTION PERFORMANCE REPORT INSTRUCTIONS**

- On the 23<sup>rd</sup> day of the month following the end of the quarter, Department staff will retrieve the AAA's service data from IAPRS and SAMS system and review for potential data quality issues and for progress toward achieving targets.
- The Department will e-mail the data tables to the AAA's executive director or a staff member appointed by the director.
- If feedback is required from the AAA in any given quarter regarding the progress being made toward the targets, the Department will request such feedback.

Notes:

- Fourth quarter data from SFY2014 will serve as baseline for subsequent fiscal years.
- Refer to chapter two for service definitions and service unit measures.

#### **FISCAL DATA REVIEW**

IDA will review expenditures each quarter in comparison to consumers / units provided. Following the submission of the updated Area Plan Budget Report, IDA will review AAA service priorities and place greater emphasis on the review of actual to budget variances. If feedback is required from the AAA regarding the findings, the Department will request such feedback.

# **Summary of Changes: Area Agencies on Aging Reporting Manual for SFY2017**

## **FY2017 Revisions**

### **December 27, 2016 Updates**

The formatting and layout of the Aging & Disability Network Consumer Intake Form has been revised for clarity and length. In addition, two versions of the Aging & Disability Network Consumer Intake Form have been created: one with a Nutrition Risk Screening and one without. As noted on page 24, for consumers receiving Home Delivered Meals, Congregate Meals, Nutrition Counseling, and/or Case Management, AAAs must also collect Nutrition Risk Screening information.

### **November 21, 2016 Updates**

#### **Due Dates**

Page 2: The due date for the Elder Abuse Prevention and Awareness Annual Report has been added.

Pages 38-39: Warrants processed dates have been updated.

#### **Intake Forms**

The migration to SAMS necessitated changes to the Aging & Disability Network Consumer Intake Form. The questions related to Instrumental Activities of Daily Living (IADL) and Activities of Daily Living (ADL) impairment questions and responses have been changed to match those in SAMS. In addition questions related to Veteran status, Primary Language, and Medicaid have been added to these forms.

Two food security questions have been added to the Nutrition Screening form.

The formatting and layout of the Family Caregivers and Grandparent/Older Relative Caregivers of Children Intake Form has been updated for clarification and to avoid common data entry errors. One side of the form is to be used for consumers receiving a Family Caregiver (CG) service; the other side of the form is to be used for consumers receiving a Grandparent/Older Relative Caregivers of Children (GO) service.

A statement has been added to the forms indicating the service provides is paid for in whole or in part by funds from the federal Older American's Act and the State of Iowa and that responses are confidential.

#### **Definitions**

The "Transgender" option has been added to the Gender options.

#### **Reports**

The Elder Abuse Prevention and Awareness Annual Report form, which was inadvertently omitted from the manual, has been added.

### **May 6, 2016 Updates**

Page 2: The due date for the Title IIIB Legal Assistance Annual Report has been inserted.

Page 4: Information regarding the use of state general funds to serve Iowans with disabilities aged 18 years and older has been amended.

Page 12: The Information and Assistance service definition was amended to include guidance from the Administration on Community Living on reporting I&A consumers and service units.

Page 26: Income ranges on the Iowa Department on Aging - Aging & Disability Network Consumer Intake Form have been updated to reflect current federal poverty level guidelines.

Page 58, 61: On the Quarterly Title IIIB Legal Assistance Report Form, the Submitted for the Reporting Period field was changed from a free-text field to quarterly check boxes. The date submission field for the Annual Title IIIB Legal Assistance Report Form was amended to ensure reporter indicates to which state fiscal year the information pertains.

## **Dec. 18, 2015 Updates**

Page 13: A notation indicating that Title IIIB funding for Options Counseling may only be used for older individuals.

Pages 57-68: The revised Title IIIB Legal Assistance report forms included. Form field definitions have been added or removed as appropriate.

The ADRC SART report requirement was removed from manual pending new reporting requirements.

**Aging & Disability Network Consumer Intake Form**

**Aging & Disability Network Consumer Intake & Nutrition Screening Form**

**Family Caregivers and Grandparent/Older Relative Caregivers of Children  
Consumer Intake Form**



## AGING & DISABILITY NETWORK CONSUMER INTAKE FORM

The service you are receiving is paid for in whole or in part by funds from the federal Older American's Act and the State of Iowa. Your responses on this form are confidential. The Department on Aging uses this important information to research the needs of older Iowans. Thank you for providing your information.

**Today's Date:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ or **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

### Demographic Information

**Do you live alone?** ☐ Yes ☐ No

**Number in Household:** \_\_\_\_\_

**Please Check Your Annual Total Household Income Range:**

☐ \$0 - \$11,880

☐ \$11,881 - \$16,020

☐ \$16,021 - \$20,160

☐ \$20,161 - \$24,300

☐ \$24,301 - \$28,440

☐ \$28,441 - \$32,580

☐ \$32,581 - \$36,730

☐ \$36,731 - \$40,890

☐ \$40,891 - or Above

**Veteran Status:** ☐ Veteran ☐ Veteran Dependent/Spouse

**Gender:** ☐ Male ☐ Female ☐ Transgender

**Race:** ☐ White ☐ American Indian/Alaskan Native ☐ Asian ☐ African American/Black  
☐ Native Hawaiian/Other Pacific Islander

**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Primary Language:** ☐ English Other: \_\_\_\_\_

**Does Medicaid pay for some of the services you receive in your home, such as homemaker, transportation, organizing your medications, bathing assistance, or meals?**

☐ Yes ☐ No ☐ Don't Know

**In the past 30 days, how often were these statements true:**

**I have worried whether my food would run out before I got money to buy more.**

☐ Often

☐ Sometimes

☐ Never

**The food that I bought just didn't last and I didn't have money to get more.**

☐ Often

☐ Sometimes

☐ Never

During the past 7 days, how would you rate your ability to complete these routine activities?

	I didn't need help	I needed help sometimes	I always needed help	Activity did not occur
Shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage your medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*IADL – Data Entry:*      Independent      Sometimes dependent or limited assistance      Totally dependent

How would you rate your ability to complete these activities?

	I don't need help	I need help sometimes	I always need help	Activity does not occur
Manage Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do heavy housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do light housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*IADL – Data Entry:*      Independent      Sometimes dependent or limited assistance      Totally dependent

During the past 7 days, how would you rate your ability to complete these physical activities?

	I didn't need help	I needed help sometimes	I always needed help
Walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get Out Of Bed Or Chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*ADL – Data Entry:*      Independent      Sometimes dependent or limited assistance      Totally dependent



## AGING & DISABILITY NETWORK CONSUMER INTAKE FORM

Consumer: \_\_\_\_\_

---

*This section to be completed by provider.*

**Provider / Site:** \_\_\_\_\_

**New Intake Form:** ☐      **Updated Intake Form:** ☐

**Check the box next to the service provided:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adult Day Care /Day Health     | <input type="checkbox"/> Assisted Transportation               | <input type="checkbox"/> Chore               |
| <input type="checkbox"/> Evidence-Based Health Activity | <input type="checkbox"/> Health Promotion & Disease Prevention |  |
| <input type="checkbox"/> Homemaker                      | <input type="checkbox"/> Material Aid                          | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Options Counseling             | <input type="checkbox"/> Personal Care                         | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> EAPA Consultation              | <input type="checkbox"/> EAPA Assessment & Intervention        |  |





## AGING & DISABILITY NETWORK CONSUMER INTAKE FORM

The service you are receiving is paid for in whole or in part by funds from the federal Older American's Act and the State of Iowa. Your responses on this form are confidential. The Department on Aging uses this important information to research the needs of older Iowans. Thank you for providing your information.

**Today's Date:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ or **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

### Demographic Information

**Do you live alone?** ☐ Yes ☐ No **Number in Household:** \_\_\_\_\_

**Please Check Your Annual Total Household Income Range:**

<input type="checkbox"/> \$0 - \$11,880	<input type="checkbox"/> \$11,881 - \$16,020	<input type="checkbox"/> \$16,021 - \$20,160
<input type="checkbox"/> \$20,161 - \$24,300	<input type="checkbox"/> \$24,301 - \$28,440	<input type="checkbox"/> \$28,441 - \$32,580
<input type="checkbox"/> \$32,581 - \$36,730	<input type="checkbox"/> \$36,731 - \$40,890	<input type="checkbox"/> \$40,891 - or Above

**Veteran Status:** ☐ Veteran ☐ Veteran Dependent/Spouse

**Gender:** ☐ Male ☐ Female ☐ Transgender

**Race:** ☐ White ☐ American Indian/Alaskan Native ☐ Asian ☐ African American/Black  
☐ Native Hawaiian/Other Pacific Islander

**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Primary Language:** ☐ English Other: \_\_\_\_\_

**Does Medicaid pay for some of the services you receive in your home, such as homemaker, transportation, organizing your medications, bathing assistance, or meals?**

☐ Yes ☐ No ☐ Don't Know

**In the past 30 days, how often were these statements true:**

**I have worried whether my food would run out before I got money to buy more.**

☐ Often ☐ Sometimes ☐ Never

**The food that I bought just didn't last and I didn't have money to get more.**

☐ Often ☐ Sometimes ☐ Never

During the past 7 days, how would you rate your ability to complete these routine activities?

	I didn't need help	I needed help sometimes	I always needed help	Activity did not occur
Shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage your medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*IADL – Data Entry:*      Independent      Sometimes dependent or limited assistance      Totally dependent

How would you rate your ability to complete these activities?

	I don't need help	I need help sometimes	I always need help	Activity does not occur
Manage Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do heavy housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do light housework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*IADL – Data Entry:*      Independent      Sometimes dependent or limited assistance      Totally dependent

During the past 7 days, how would you rate your ability to complete these physical activities?

	I didn't need help	I needed help sometimes	I always needed help
Walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get Out Of Bed Or Chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*ADL – Data Entry:*      Independent      Sometimes dependent or limited assistance      Totally dependent

Consumer: \_\_\_\_\_

**Nutrition Risk Screening**

- ☐ Yes   ☐ No   I have an illness or condition that made me change the kind and/or amount of food I eat.
- ☐ Yes   ☐ No   I eat fewer than two meals per day.
- ☐ Yes   ☐ No   I eat few fruits. (Less than 1 ½ cups daily)
- ☐ Yes   ☐ No   I eat few vegetables. (Less than 2 cups daily)
- ☐ Yes   ☐ No   I eat and/or drink few milk products. (Less than 3 cups daily)
- ☐ Yes   ☐ No   I have three or more drinks of beer, liquor or wine almost every day.
- ☐ Yes   ☐ No   I have tooth or mouth problems that make it hard for me to eat.
- ☐ Yes   ☐ No   I don't always have enough money to buy the food I need.
- ☐ Yes   ☐ No   I eat alone most of the time.
- ☐ Yes   ☐ No   I take 3 or more different prescribed or over-the-counter drugs a day.
- ☐ Yes   ☐ No   I have gained 10 pounds in the last 6 months, without wanting to.
- ☐ Yes   ☐ No   I have lost 10 pounds in the last 6 months, without wanting to.
- ☐ Yes   ☐ No   I am not always physically able to do one or more of: shopping, cooking, or feeding myself.

**AGING & DISABILITY NETWORK CONSUMER INTAKE FORM**

Consumer: \_\_\_\_\_

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*This section to be completed by provider.***Provider / Site:** \_\_\_\_\_**New Intake Form:** ☐**Updated Intake Form:** ☐**Check the box next to the service provided:**☐ Case Management☐ Congregate Meals☐ Home Delivered Meals☐ Nutrition Counseling☐ Nutrition Education

# Family Caregivers Consumer Intake Form

**I am an adult caregiver providing “informal” in-home or community care to a person aged 60 or older OR to a person with Alzheimer’s disease or a related disorder with neurological/organic brain dysfunction.**

The service you are receiving is paid for in whole or in part by funds from the federal Older American’s Act and the State of Iowa. Your responses are confidential. The Department on Aging uses this important information to research the needs of caregivers and the people for whom caregivers provide informal care.

**Today's Date:**

**Caregiver's Last Name:**                      **First:**                      **MI:**

**Caregiver's Address:**                      **City:**                      **State:**                      **Zip:**

**Caregiver's Phone:** (        )                      **Cell Phone:** (        )                      **Email:**

**Caregiver's Demographic Information**

**Gender:** ☐ Male    ☐ Female    ☐ Transgender

**Date of Birth:**        /        /        or **Age:**

**Race:** ☐ White    ☐ American Indian/Alaskan Native    ☐ Asian    ☐ African American/Black  
☐ Native Hawaiian/Other Pacific Islander

**Ethnicity:** ☐ Hispanic or Latino    ☐ Not Hispanic or Latino

**My relationship to the person to whom I provide informal care is:**

☐ Husband                                      ☐ Wife                                      ☐ Son/Son-in-law  
☐ Daughter/Daughter-in-Law                      ☐ Other Relative                      ☐ Non-Relative

**Demographic Information about the Person Being Cared For:**

Last Name:                      First:                      MI:

Address:                      City:                      State:                      Zip:

Phone: (        )                      -                      :

Date of Birth:        /        /        or Age:

Gender: ☐ Male    ☐ Female    ☐ Transgender

**Check the box next to the service provided:**

☐ CG Access Assistance                      ☐ CG Counseling  
☐ CG Home Delivered Meals                      ☐ CG Options Counseling  
☐ CG Respite                                      ☐ CG Self-Directed Care  
☐ CG Supplemental Service

New Intake Form: ☐                      Updated Intake Form: ☐

Provider Name:

**Informal Care.** “Informal” means that the care is not provided as part of a public or private formal service program.



# Grandparent/Older Relative Caregivers of Children Consumer Intake Form

**I am a grandparent or other relative over the age of 55 who is the primary caregiver for children under age 18 or an adult who is disabled and is between the ages of 19-59.**

The service you are receiving is paid for in whole or in part by funds from the federal Older American's Act and the State of Iowa. Your responses are confidential. The Department on Aging uses this important information to research the needs of grandparent & other older relative caregivers of children or adults who are disabled.

**Today's Date:**

**Caregiver's Last Name:**                      **First:**                      **MI:**

**Caregiver's Address:**                      **City:**                      **State:**                      **Zip:**

**Caregiver's Phone:** (        )                      **Cell Phone:** (        )                      **Email:**

## Caregiver's Demographic Information

**Gender:** ☐ Male    ☐ Female    ☐ Transgender

**Date of Birth:**        /        /        or **Age:**

**Race:** ☐ White    ☐ American Indian/Alaskan Native    ☐ Asian    ☐ African American/Black  
☐ Native Hawaiian/Other Pacific Islander

**Ethnicity:** ☐ Hispanic or Latino    ☐ Not Hispanic or Latino

## My relationship to the individual(s) to whom I provide care is:

☐ Grandparent                      ☐ Other Relative Over Age 55                      ☐ Other Non-Relative Over Age 55

Total number of children aged 18 and younger receiving care: \_\_\_\_\_

Total number of persons who are disabled and between 19-59 years old receiving care: \_\_\_\_\_

## Check the box next to the service provided:

- |  |  |
|--|--|
| <input type="checkbox"/> GO Access Assistance    | <input type="checkbox"/> GO Counseling         |
| <input type="checkbox"/> GO Home Delivered Meals | <input type="checkbox"/> GO Options Counseling |
| <input type="checkbox"/> GO Respite              | <input type="checkbox"/> GO Self-Directed Care |
| <input type="checkbox"/> GO Supplemental Service |  |

New Intake Form: ☐                      Updated Intake Form: ☐

Provider Name:

**Grandparent or Other Older Relative Caregiver of a Child.** A grandparent, a step-grandparent or other relative caregiver of a child by blood or marriage who is 55 years of age or older and:

- Lives with the child;
- Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally